Present

App. F. IX-4

1921. (Mysore)

File No. 754

Serial Nos. 1- 8

*Previous References*
Mysg 522-18-1-2
" 152-23-1-2
" 284-22-1-3
" 105-21-1-2

~~*Later References*~~
" 434-14-1-2
" 3[illegible]-10-1-2
161-24-1
32-26-1

# General and Revenue Secretariat.

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*Serial Nos.* ~~8~~ 7

**Part B for** August 1928.

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SUBJECT

Reorganization of the Agricultural College, Mysore.

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For final orders vide G.O No 253-5/Mysg 368-26-1; dated 31.8.1928

G. R. S. 11] 192 : 22

GENERAL AND REVENUE SECRETARIAT.

( Mur )

NOTES.

File No.

FILE HEADING.

Ayurvedic College in Mysore

From

The Senior Surgeon in Mysore

No. 4 C. 273-1 Dated 11. 4. 22 Received 12. 4. 22

Diary No. 4282 Enclos. Spare Copies. Serial No. 1

BRIEF ABSTRACT OF LETTER.

Forwards copy of his letter 20 4 C 273 & 7. 4. 22 to the Revenue Dept proposing for reasons given the abolition of the Ayurvedic College at Mysore.

NOTES AND ORDERS.

Sub with a coll^n of orders regarding the ayurvedic College together with Mur 7. 393-20. and 418 of 20.

See orders

Put up the proposals of the Retrenchment Committee. SB 15/5.8.22.

(also see med. file 22-21.)

NOTES—First Sheet.

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General and Revenue Secretariat.

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3 A copy of the Financial Secretary's memorandum to the Finance Committee is submitted. His attention is requested to paragraph IX of Resolution 23 on page 30 of the publication, which is as follows:-

(ix) Dr. Mylaraiyanam suggests that as the Ayurvedic College at Mysore is not doing any useful work, it may be closed. This proposal will, however, be considered by the Committee. The institution may be developed when sufficient funds can be spared for the purpose.

Sd
5/8/22

4. The opinion of the Financial Committee may be awaited.

First Member

U J 5/8/22

1321-261.
10.8.22.

No action is taken in the S.G.O. file is addressed to the Dir. Secy to whose reference has been received from that Secretariat. It is a certain amount of stray orders to the matter on both sides.

Sd
U. S. 22

NOTE -Contn. sheet.

G. R. S. III-2]

General and Revenue Secretariat.

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6 The Revenue file in this case is placed before ~~the~~ ~~Council by order of~~ the Diwan ~~for orders~~. The ~~Revenue~~ ~~Secretary~~ ~~to Government~~ ~~has~~ ~~submitted~~ ~~this~~ ~~file~~ ~~for~~ ~~orders~~.

Sig
12/8/22

First Member 12/8/22

1549-64
17.8.22

Do not think any action is called for. File may be submitted for information of the Second member & the Dewan.

Sig
16-8-22

1337
28.8.22

Second member
&
Dewan

I would like to know how this case was disposed of. Is it from State funds or Municipal funds.

Sig
4/9/22
14/9/22

~~Secretary to Government~~
~~Revenue Department~~

Sig

NOTE—Contn sheet.

General and Revenue Secretariat.

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a The supdt of the Indigenous Hospital at Negapm is also the Principal of the Ayurvedic College, and while he was formerly getting an allowance of Rs 50/- for his ayurvedic college work, this allowance has now been abolished. And his pay fraded 150 - 10 - 200 & met from the Medical budget.

10 There is a small Establishment working in the Ayurvedic College costing about Rs 1500 per year. This is charged to State funds (Med. budget).

11 It may also be mentioned that the late Pandit Dy. Collector of Madras who has done so much for the indigenous systems of medicine was one of the alumni of this institution and he has left the residue of his properties which on account to Rs 25,000 to this College. This matter is under correspondence with the Trustees.

The institution is doing very useful purpose at present.

In Asst Pandit
1 Vaidyan
1 Asstt.
1 Compounder
+2 peons

1679
7.9.22

NOTE—Contn. sheet

By Yesus Member
6/9/22

Serial No.

14. I am not in favour of this absolutely this restriction but I am for its imposition. One must draw back as practical men and say this Council suppose it that the students will have no practical training unless they get with this diploma & practice and they can have practical training — if they are made to attend the Civil Hospital. In respect of this restriction I am imposing only if it is placed under the control of the medical dept. The Veterinary dept. is not the dept & department to manage this restriction. The cost of this restriction is not from the medical budget. Where if it is placed under the control of the Council with a strong advisory committee of [illegible] & assistance can be in this selection of books & the candidates for admission, selection of masters, subjects & study &c. &c. I am sure the restriction will immediately improve. ~~I wish this restriction [illegible]~~

(Sd) Mudaliar 4/12/24 4/12/24

NOTE—Contn. sheet.

General and Revenue Secretariat.

File No. 756 of 1916.

Serial No.

768-388 — 25.9.22

If the sympathetic support of the S.S & the Medical Dept could be secured, I should have no hesitation to agree to the proposal. This is the point for consideration. As training in Ayurveda has till now been given in connection with the Sanskrit College at Negone, the institution has been under the control of the Med. Dept. As far as I am aware of it no other considerations would seem to have influenced this arrangement.

Ref file 122 of 21 Pol. & Med. Section.

30/9/22

29-9-22

May the Legislative Secretary be consulted unofficially?

Third Member

3028-47. 3.10.22.

If May be submitted to the Second Member.

8.10.22

9-X-22 Second Member)

NOTE—Contn. sheet

G R S. III-2]

General and Revenue Secretariat.

File No. 754 of 1922.

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To decide whether his Students of his Arabic is Class, branches of learning, I have not been approached by Muzzaffarpur Committee of his institution.

Init 7/10

2. The Hony Company Muzaffarpur Committee

Fred Mellor 7/10/22

3205-22 16/10.22.

3. Yes. This may be done

Dec. 18.10.22

Forwarded unofficially with compliments The Muzaffarpur Comm: in support of opinion.

20/10/22

Dec. 2 Oct 1922 Hon Secy

4. Please consult Mr Gillett

Gillett 21/10/22

5. Draft letter attached.

MM. 25.10.22. 30/10/22

Secy 30/10/22

NOTE—Contn. sheet.

General and Revenue Secretariat. Mwz File No. 156 of 19 24.

Serial No.

2 No. 1675 of 6.11.22 to the Hon. Comm.

Forwards the copy of G.O. for favour of his opinion

3 From the Muz. Comr., letter no. C.609/22-2 dt 21-1-24.

Invites refce to the questions interpellation at the meeting of the Madras Legislative Council held on 12.12.23 and to the 1st Minister's reply thereto and requests sanction to the deputation of a Medical graduate for training under Dr A. Lakshmipathi, B.A., M.B & C.M., Principal, Ayurvedic College, Madras.

6 1st as regards the reorganization proposals of the Mysore Ayurvedic College called for, the M.C. re invites refce to the Madras Legislature council interpellation on the subject and the Minister's reply thereto.

7 The Muz: Comr solicits sanction to the deputation of a medical graduate, good in Sanskrit or Kannada, for training under the Principal of the Madras Ayurvedic College, now on a lecturing tour -

8 It is suggested that a reminder m.

NOTE—Contn. sheet.

873

General and Revenue Secretariat. Munz. File No. 754 of 1921.

Serial No.

be sent to the Executors of Pandit Gopala-charlu's Will in the matter of his endowment.

29 A draft reminder is subd. accordingly, for approval in Munz. File 418-20 put up herewith.

SD 26.1.24

30. Pleas put up the Interpellation referred to. Pleas refer to the Madras Mail for it.

Perd. 28.1.24.

31. The Madras Mail of 12th Decr 23, which contains the interpellation in point, is available neither in the office library, Genl. Records, nor in the Dewan's office.

32. A draft requesting the M.C. to send a copy of the interpellations and the Minister's reply thereto, is put up for approval, as instructed by the Secretary.

SD 8/2/24

33. Pl/scan the "Hindu" or "New India" of that date & the Mails date.

13.2.24.

34. Two or three papers were consulted and cuttings have been taken away from them. So the draft put up is subd. for approval.

SD 13/2 Rev. Secy

16.2.24

18.2.24

NOTE—Contn. sheet.

General and Revenue Secretariat.

Muz. File No. 754 of 1924.

| Serial No. | |
|---|---|
| 4 | To the Munzrai Commr., M. 1113 d. 23.2.24. Requests that the newspaper cutting containing the above interpellation may be sent for reply at an early date. |
| 5 | From the Munzrai Commr., letter no. C. 6095 27.2.24. Forwards a copy of the newspaper cutting containing the questions interpellated at the meeting of the Madras Legislative Council held on 12.12.23 & the ministers reply thereto regarding the Indigenous system of medicine - 35 For subn. of definite proposals called for regarding the reorganization of the Mysore Ayurvedic College, the Muz: Commr. awaits the orders of the Madras Govt. on the recommendations of the special committee on the Indigenous system of medicine. 36. The Muz. Commr. has sent a copy of the interpellations made in the Madras legislative Council on the subject and the reply given thereto by the H. S by Minister. It will be seen therefrom that the proposals, stated to have been made by the Minister are only what have been existing here |

NOTE—Contn. sheet.

Serial No.

and nothing new, except, perhaps, the proposal to introduce the history of Medicine, with special reference to the indigenous systems, in the curriculum of the Madras Medical College - as such, it is not clear how the orders of the Madras Govt. which are awaited by the M.C, will help him to formulate proposals re the re-organization of the Mysore Ayurvedic College -

37. The Mys. Comr's proposal to depute a Medical graduate, good in Sanskrit or Kannada, to work for a year under Dr. A. Lakshmipathi, B.A., M.B & C.M, Principal Ayurvedic College, Madras, with a view to his appointment as Principal of the Mysore Ayurvedic College & the Head of the Ayurvedic Hospital, is a point for consideration and orders -

38. As regards the recovery of the amount endowed to the college by Pandit Gopala-charlu of Madras, which is intimated to be ready, A draft letter to the Joint Executors of the Will has been submitted today in Mys. File 418-20, as ordered by the Member

Subd for orders

8/3/24

6/3/24

6/3/24

NOTE—Contn. sheet.

E-3
1950

General and Revenue Secretariat. File No. 154 of 1924.

| Serial No. | |
|---|---|
| 39. | If appd, the Mus Comr will be told that the proceedings of the Madras Legl Council referred to by him do not help much, and that what is wanted by him is a comprehensive scheme for the Establishment of a College, and the probable cost of it, Capital & recurring. He may also be informed that the question of a deputation of a Padri Sahib etc can only be considered after Govt is in a position to understand its ideas as to the general scheme. |

Rev. Secy
[illegible]

6.3.24
Rev Secy
6.3.24.

129. 7.3.24. 40. The Supt. Mus Branch will please let Govt have an answer to this question after the 15th inst.

Members order

Call for details of the period for which such a deputation is req; the cost involved & how it is to be met. — also for the early drafts of the Compensation scheme under Rules in the Reorganisation order of August 1923.

26.3.24

8/3
[illegible]
10.3.24.

12. As the period of deputation is proposed to be for one year, draft letter calling for information on the other points is put up.

27.3.24

27/3

NOTE—Contn. sheet.

Muzrai Secretariat

Muz. File No. 754 of 192

| Serial No. | |
|---|---|
| 6 | To the Muzrai Commr. No. 1353 d. 31.3.24. Requests him to furnish information as to the cost of the deputation of a Medical graduate for training under Dr. Lakshmi pathi & as how it is proposed to be met together with comprehensive proposals for the input of the Agriculture Dept. |

NOTE—Contn. sheet

WD 0561 - GPB- 3750—1 8 22

## ROUTINE NOTES.

[To be used only for notes, requisitions, etc., not intended for permanent record.]

Submitted

4 → The Secretary Member Nominee was pleased to call for the following information:

(1) Whether at any time there was a proposal to transfer the Ayurvedic College to the charge of the Medical Dept.

(2) Whether there was any proposal to transfer the Sanskrit schools to the control of the Mun: Dept.

4 As regards No 1 there is file No. 756-24 regarding the reorganisation of the Ayurvedic college in response to Resn. of Council. Kindly see the letter addressed to the Secretary Inspector letter No. C 273 dt 7.4.22 and the first members' meeting held on 12.9.22

4 As for No. 2, the matter was consider-

N. B. –Should routine notes be written on small slips the notes must be pasted or slips pasted on this form.

## ROUTINE NOTES.

[To be used only for notes, requisitions, etc., not intended for permanent record.]

I desposed of in the Education Branch. The Reg[n] has been sent there to submit the Con[d] file & the Member - A spare copy of G.O. N[o] 3583-87 Ed[n] 125-17+35 of 26 10 88 is kept of pencil.

27.5.24 SMD 28/5

Rec'd 6

690/29 5 11 Mem[y] 24

Reg

Should routine notes be written on all [illegible]
the notes must be copied on this past[e] [illegible] of this form

Muzrai Secretariat

Muz. File No. 754 of 1921

Serial No. 1

For the Muzrai Comr in Mysore

C. beg. 26.6.1924.

Reports that the cost of deputation of a medical graduate for Ayurvedic training is estimated at Rs 9000/- and forwards Dr. Lakshmipati's opinion in regard of the proposals connected with the improvements ~~needed~~ to & reorganisation of the Ayurvedic college at Mysore.

4) The administration sanction accorded to the very comprehensive scheme for the reorganisation of the Ayurvedic college at Mysore — vide G.O. No 519-20/M.L.S.22-18-2 of the 13th August 1919 — has not ~~been completely carried out~~ fully come into operation all these years primarily for want of funds.

4) The consequential arrangements subsequent to the issue of the order of the 13th Augt 1919 which needed be achieved are :—

(1) Consultation with ~~one or two~~ Experts in ayurveda as regards the details of studies etc

(2) incorporation of a course of an

NOTE—Contn. sheet

Muzrai Secretariat

Muz. File No. 754 of 1921.

Serial No.

Unani System in the curriculum.

(3) Choice of site, preparation of Estimate - provision of funds for buildings and initial equipment etc

The Muzrai Comr reports his having referred the matter for the expert opinion of Dr Lakshmipathi with the result that the scheme as ~~detailed~~ in Govt order of 13th Augt 1919 has been pronounced to be 'well considered and exhaustive" & that "the recommendations contained in the Muzrai Superintendents' note of 4th March 19 are on the whole Suitable" and adds a few suggestions of his own ~~& this~~ Vide ~~Para 4 of the Hon'ble Comr's Letter~~ ~~[illegible]~~.

The Muzr: Comr also points out that the Scheme framed in 1919 is far in advance of the Madras scheme & that no more scrutiny with a view to improve it is necessary & suggests the provision of the funds for the Complete carrying out of the Scheme

In regard to the proposed deputation of a medical graduate for one year to qualify himself for being eventually placed in charge of the Ayurvedic College as Principal, the cost is estimated at Rs 9000/-. As the provision for the 'revision' of the Ayurvedic College, in the Provisional Budget for 1921-22 is only Rs 5000/- it is inadequate to cover the cost of deputation. The purposes the deputation of Dr. K. Srinivasachar M.B.C.M. of the Bangalore Hospital.

NOTE—Contn. sheet

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Muzrai Secretariat

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5 As for the Unani system of Medicine the Muzrai Comr. says that the scheme elaborated by the Madras Committee may be adopted with such minor modifications as might be necessary to suit local conditions. The syllabus for Unani study is given on pp. 13 & 17.

As regards choice of site, preparation of estimates &c, the Muzrai Comr. says in paragraph 5 of his letter Sub. para III that while the Madras scheme recommends a minimum provision of 30000 Rs for the first year, the Mysore scheme as already sanctd. provides for

| | |
|---|---|
| Initial expre. . . . | 12,100-0-0 |
| Recurring expre. | 38564-00 |
| Building &c - - - | 70,000. . . |

As requests that sanction may be accorded for choice of site, preparation of estimate & provision of funds - to start forwarding things being kept ready by the time the Offr deputed returns after study.

6 The Muzr. Comr. also points out that the cost of working the reorganised Institutions, specially stipends of students has to come from Local Bodies, and proposes to address them & obtain their replies.

Submitted for orders

RG
12-7-24

Administrative Sanction &c.,

NOTE—Contn. sheet

WD 0561—GPB- 3750—1 8 22

Muzrai Secretariat

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been accepted & the Scheme drafted by the Muz Supd in 1919. It was ordered in the G.O of 18th Aug 1919. that the Bye laws may be scrutinized by two Experts before giving a trial. The Scheme has now been pronounced by Dr Lakshmi-pathi an Eminent Ayurvedic doctor of Madras to be well considered and suitable. We has also sent a copy of the Special Report of the Committee recently appointed in Madras, and it may be said in general that the Scheme proposed in keys on forms has elicited all the approval of the Committee of Madras.

55 The only question now is the provision of funds for the Temples. The building itself is estimated at Rs 70000 and the recurring Expenditure is also heavy there is an extra provision of Rs 30000 only in the budget of the Current year. The subsidiary suggestions made by Dr Lakshmi pathi can only be considered when funds are provided & it is decided upon to start the College

NOTE—Contn. sheet

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Muzrai
Secretariat

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56 Many other points which may be considered now is the deputation of a Surgeon to undergo training for a year to serve as the Principal of the proposed College. The cost is estimated to be Rs 9000. But it may be a little less if a comparatively junior officer is deputed. In any case it would not be expedient to depute an officer unless Govt finally decide to open the College. At least the College can be opened from 1st July 1925-26 next official year, the deputation of a man for training will have served a useful purpose.

~~No new Budget Demand at~~
~~this time as the Recurring Expenditure~~

57 There are two kinds of Expenditure
i Non recurring
ii Recurring.
The former cannot be easily met from any Departmental Budget. A Special provision is necessary, if not in a lump

NOTE—Contn. sheet

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Ayurvedic College 21

Muzrai Secretariat

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at least distributed over 3 or 4 years, for which a definite programme must be laid out. So that at the End of the period the College might be ready to work. As regards recurring Expenditure, the grant in the Medical & Education Budgets, from which it seems reasonable to meet the Expenditure, will have to bear the cost, if necessary, by the additional grants.

15.7.24

Rec'd

58 The first step taken by Government to encourage the Ayurvedic and the Unani systems of medicine in the State was taken in 1889 when as an experimental measure an indigenous hospital was established at Mysore. The expenses of maintaining the institutions were met one-third from the Municipal funds and two-thirds from the District funds. In 1905 a representation was made to Government at the Representative Assembly that Native Physicians trained in recognised institutions such as the Native Vaidyasala at Mysore should be appointed at places where dispensaries were not located. There were at this

NOTE—Contn. sheet

G. R. S. III-2]

WD 2810—GPB—10,000—31-5-24

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time no arrangements for training students in the Ayurvedic System of ~~Indian~~ Medicine. Candidates used to appear for Vidvat Examination in Vaidya Sastra in the Sanskrit College at Mysore. There was no correlation between this course and the indigenous hospital. The students who passed the Vidvat examination in Vaidya Sastra had no practical experience whatever. In the year 1907 Government directed an enquiry regarding the feasibility of developing the Indigenous Hospital at Mysore and the Ayurvedic class in the Maharaja's Sanskrit College at Mysore into a regular Central College of Hindu Medicine. As a result of these enquiries Government in their order No.1-42 dated 6th October 1908 sanctioned the establishment of the Ayurvedic College at Mysore. The further development of this institution is described in the [illegible] subjoined in connection with the Resolution - - brought forward by Mr.B. Narasinga Rao at the last Session of the Representative Assembly.

5. That the existing arrangements for imparting training in the Ayurvedic College are not satisfactory will be clear from the letter from of the Senior Surgeon dated 7th April 1922. No provision has so far been made to give practical training to the pupils which is absolutely

NOTE—Contn. sheet

G. R. S. III-2]

WD 2810—GPB—10,000—31-5 24

General and Revenue Secretariat.

Mug File No. 752 of 1921

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in the case of a medical school. There are no proper facilities for ~~pa~~ imparting clinical instructions which forms the most important and indispensable part of the teaching. The Senior Surgeon went so far as to say that in view of the present unsatisfactory condition it was undesirable to continue this Institution as it would be a source of distinct danger to the public. If Government wanted to develop Ayurvedic Medicine, the Senior Surgeon considered that the institution should be reorganised without any loss of time.

3) As regards the lines on which this reorganisation should be effected the Government Order of 13th August 1919 passing orders on the Muzrai Superintendent's proposals gives the required information. Dr. Laxmipathi of Madras is of opinion that the suggestions contained in the Muzrai - Superintendent's note of the 4th March 1919 are quite suitable. Government were pleased to generally approve of the scheme of the re-organisation but before according final sanct[illegible] the Muzrai Superintendent was asked to have the proposals scrutinised by one or more experts in - Ayurvedic Science with a view to improve them in detail. Dr. Laxmipathi who is the Principal of the Madras Ayurvedic College and who is a Grad-

NOTE—Contn. sheet.

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of the Madras Medical College has observed that the scheme of reorganisation indicated by the Mufrasil Superintendent in 1919 is quite suitable.

4. The proposals involve an initial expenditure of Rs.12,100 and an annual recurring expenditure of Rs.38,564 in addition to Rs.70,000 for buildings. As regards the amount required for building this may not be necessary at the very outset as a suitable building may be rented for the present.

5. As regards funds for which immediate provision must be made if the reorganisation has to be brought into effect a sum of Rs.12,100 is required for initial outlay. The sum required after reorganisation is Rs.5,504. The present expenditure is Rs.6,032. Thus the additional sum required for recurring expenditure is Rs.30,472. Therefore in the year in which reorganisation is brought into effect a sum of Rs.30,472 plus 12,100 will have to be provided. In the current year's budget only a sum of Rs.5,000 has been provided for the Ayurvedic College. A sum of Rs.20,236 (Rs.19,486 in cash and the balance in shares) has been received from the executors, to the late Pandit Gopalacharlu's will. The interest on this amount at 6 per cent will amount to Rs.1212. Thus the total sum available in the current year will be

R. S. III-2]

WD 2310--GPD—10,000—31 5 24

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about Rs.6,212. If the reorganisation is to be brought into effect this year the expenditure will be Rs.42,572. As it will take some time to give effect to the proposals, probably the full provision may not be required but in any case the amount required will be very much in excess of the amount actually available.

(5) The whole question is one of funds. The question of deputing an officer for training in the Ayurvedic is for orders. Dr.Laxmipathi observes that the matter of reorganisation of the college need not be deferred until the selected officer returns after training. The officer who has been selected for deputation will cost us Rs.9,000 a year.

(6) It is hardly necessary to emphasise the importance of placing the Ayurvedic College on a proper basis. Its continuance in the present form without adequate facilities for training students tends only to aggravate the prejudice against the institution that it is worked on unscientific lines and that its usefulness is doubtful. The Ayurvedic system of medicine is held in high esteem by the people of the State as is testified to by the repeated demands for the development of the college and there can be no doubt that the reorganisation of the college

DEWAN'S OFFICE,
EOD. 23 JUL 1924
Reg. No. 641

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the improvement of the training imparted to students therein will considerably add to the medical facilities available to the people of the State.

65 The Muzrai Commissioner suggests that the estimated cost of working the reorganised Institutions specially stipends for students has to come from local bodies some of whom are now maintaining indigenous dispensaries. If the local bodies are consulted they are sure to contribute at least a portion of the required amount.

65

Recommended to the Members of the Council of Medicine whether (1) the scheme that may be taken up year by year seem the limited to the funds available. Perhaps a definite scheme is all right but can be spread over years

11

this file should have been submitted to a II Member in the first instance, but as a matter of convenience, it was submitted to the Dewan. This mistake should be avoided in future.

NOTE—Contn. sheet

606/24

11 Members

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70 I am sorry that this case has been delayed with me for some time as, owing to the importance of the subject, I wished to discuss it with some Ayurvedic and other doctors before expressing my opinion on the Muzrai Commissioner's proposals.

71 I have since discussed the question with Dr. A. Lakshmipathi of the Madras Ayurvedic College and also some of our medical officers in the State.

72 Dr. A. Lakshmipathi gave me to understand, that the Madras Government have practically adopted the scheme sanctioned by Mysore Government in 1919 which he considers is quite satisfactory in every respect, as it was drawn up in consultation with the best Ayurvedic experts.

73 The scheme, though sanctioned so far back as 1919, has been held up till now for want of funds to give effect to it. The present Ayurvedic College -so called- is most unsatisfactory and has been condemned on all hands. The students are merely taught lessons from books by teachers who have very little practical knowledge of medicine. The Principal of the College is a man trained in English medicine and has had no training and experience in Ayurvedic system. There is no hospital attached to the college where the

NOTE—Contn. sheet.

Serial No.

can be given practical lessons in the diagnosis or treatment of diseases. In these circumstances, it is no wonder that the institution in its present form should serve no very useful purpose: and it will be better to close it down if it cannot be improved and maintained on proper and satisfactory lines.

24 It is seen from G.O. dated 13th August 1910 that the scheme sanctioned therein for the re-organization of the Ayurvedic College was expected to cost Rs.38,564 per annum against the present cost of Rs.8,092 resulting in an increase of about Rs.30,000 in the annual recurring charges, besides entailing a non-recurring expenditure of about Rs.82,000 for buildings and initial equipment. All this expenditure will, however, not be required for the first 2 or 3 years until the institution gets into full working order. The immediate requirements for the reorganization of the College are as follows:-

(1) A qualified Ayurvedic diploma-holder has to be appointed as Principal of the College on a suitable salary -which may range from Rs.300 to Rs.500 p.m. according to the qualifications & standing of the person proposed to be appointed the place.

NOTE—Contn. sheet.

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For the present, we have to get a man from outside for the Principal's place on a temporary footing for a term of 2 or 3 years and in the meantime arrange to get one of our medical officers trained in Ayurvedic system by deputing him to the Madras Ayurvedic College for a year or two. As suggested by Dr. Lakshmipathi, the officer deputed for training should be a senior man and he should have the rank and pay as a Surgeon on his appointment as Principal of the College.

(2) It will be necessary to appoint at once at least two qualified Ayurvedic diploma-holders as teachers or Pandits on a salary of about Rs.70 to Rs.100 in place of the present teachers who are not of much use, as they have no practical knowledge of the subjects they are teaching.

(3) A well-equipped hospital with at least 12 beds for in-patients will have to be established as an adjunct to the College and placed under the Principal with a resident Pandit in immediate charge of the College, so that the students may receive training in the practice as well as the theory of Ayurveda.

(4) Pending the construction of a building for the College and hospital, a suitable building may be rented, as the present building in which the College is located is quite inadequate

NOTE—Contn. sheet.

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unsuited to serve the purpose of the College as well as hospital.

75 The above items including the initial charges and equipment of the hospital may entail an additional expenditure of at least Rs.30,000 for the first year; and this may gradually rise to Rs.50,000 in the course of the next 2 or 3 years. without taking into account the cost of the building. If provision for this amount can be made in the Budget for the next year and the succeeding years, action may at once be taken on the lines above suggested for giving effect to the reorganization of the College in accordance with G.O. dated 15th August 1919. the provision of Rs.5,000 made in the current year's Budget for the purpose being sufficient for the necessary expenditure during the remaining few months of the current year

76 ~~In this connection~~ As regards the utilization of the endowment of about Rs.2000 made by the late Pandit Gopalacharlu. I am informed by Dr. Lakshmipathi that it was the intention of the donor that the amount should be used for the founding of a chair for research work in Indian Medicine and that it should not be used either for the College buildings or for any of the other

NOTE—Contn. sheet.

D 23-24 31

General and Revenue Secretariat. | Luz File No. 754 of 1924.

Serial No.

expenses incidental to the working of the College. The question may be considered after the working of the College is placed on a reorganized and satisfactory footing. Meanwhile the interest on the endowment may be allowed to be added to the corpus of the fund.

8. APR 1925 7556.

77 In this connection, the question of terminating the present arrangement by which the College is placed under the Puzrai Department and placing the institution under the control of the Medical or the Education Department or the University may also be considered. I believe the question of transferring the control of the Ayurvedic College to the University was raised and discussed at one of the Senate meetings and that at the suggestion of the Vice Chancellor the question was referred to a committee. Now that we shall have the benefit of Dr. Seal's help and advice in the Council, the question of the future management of the College may if the Dewan so desires be discussed and decided on at a meeting of the Council when Dr. Seal is present.

C.S. Circulate. 11-4-25

Dewan

Please Circulate For Council

7 4/25

8 4/25

NOTE—Contn. sheet.

Ch. Secy will Confirm

9 4 Regn 11.4.25

37

C413

SUBJECT:- 8

Reorganisation of the Ayurvedic College, Mysore.

OPINION OF THE COUNCIL.

79

File to be subd to Extra Member & then brought up

30.4.25

Subd to Extra Member.

1.5.25

My Opinion is given in my Note (vide next page)

16.5.1925

Subd to Dewan for approval as requisitioned in the linked file. The file will, if appd, be re-circulated to members & then brought up in Council

16.5.25.

Dewan)

Serial No

The question of developing the Mysore Ayurvedic College, and laying the foundation of a new type of Ayurvedic (and Unani) medical education has had a long history. I will here note only the salient points

1. It will be seen that when the Ayurvedic College at Mysore was started in 1908, the intention was to bring the Ayurvedic teaching (which was till then carried on in the Sanskrit College) into close touch with the Ayurvedic hospitals in the city. But this object was not realised, and the new Ayurvedic College gave little practical clinical instruction. ~~This has to be provided for in the new development now contemplated.~~

This is now sought to be effected. Under the proposed reorganisation, hospital and dispensary provision of a dozen (or in-door patients), a garden, and a pharmacy to be attached to the College, to secure practical and clinical instruction.

2. But something more has to be done. A scientific grounding has to be attempted — (this was also a feature of the Scheme of 1919) — by the introduction of Anatomy, Physiology and Sanitation, with 'Selections' from Botany, Chemistry and Physics, on the basis of modern scientific knowledge.

This is now a universally accepted policy. It was first settled in Calcutta in 1917-18, it also formed part of the Mysore Scheme of 1918.

So far as these science subjects are concerned, no comparative study is intended (or desirable) but in respect of Personal and Domestic Hygiene (and I may add, Dietetics) for which Indian Medicine has developed a tropical (or sub-tropical) tradition, differing in some main points from the western system, the latter must be taught on the basis of a Comparative Study.

Also, some knowledge of modern Materia Medica and pharmacy may perhaps be imparted, though of course only on a Comparative (and Subsidiary) basis.

The real difficulty, as we have found in Calcutta and Benares, is to produce an assimilation of the body of modern Scientific Knowledge to the Indian System of practice & the Indian tradition, in such a way as not to injure the latter, or devitalise it.

G.R.S. III-2]

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General and Secretaria

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practitioners be kept in view, the cost of the new Ayurvedic Courses and equipment, and of the methods & medicines, must not be unduly sent up.
The duration and difficulty of the lower course, as well as the qualifications for admission, must be such as to attract a sufficient number of pupils, to meet, in however small a measure, the rural demand, existing or prospective.

4. The next question is that of the Composition and Strength of the teaching staff.

In all similar cases, e.g. in teaching higher Sanskrit Sahitya or Sanskrit philosophy, where the Key to a treasured and traditional wisdom is sought, we combine indigenous and occidental ~~[illegible]~~ elements, the depth and reality of the indigenous learning with the historic and critical methods of the West.

For teaching Indian Medicine, it will similarly be necessary to associate learned Vaidyas masters of the indigenous tradition and practice, with others who by their University training (and practice of the occidental system) will be in a position to make use of Scientific Method.

If we are to have both the Courses (Higher and Lower), we must associate at least two Vaidyas to teach the Ashtanga (with the omission perhaps of Salyatantra practice) and one to teach the Rasayana practice — with the Head of the College, who, as already pointed out, must be an adept in Western-Eastern Culture and practice, and also another Practitioner of Western Medicine, ~~[illegible]~~ besides a Demonstrator for Anatomy (and Physiology).

There will also be a resident Vaidya for the Hospital.

The elementary courses in Botany, Chemistry, etc, may be provided for & with the aid of part-time lecturers from the Collegiate High School (or the University). And the staff of the Medical College and members of the Medical Department in charge of the General (or other) Hospitals, may be expected to help the Ayurvedic College ~~[illegible]~~ not only on the College Committee, but also by delivering short courses of lectures on Hygiene, Sanitation, Bacteriology, Materia Medica and Pharmacology

NOTE—Contn. Sheet

File No. of 19

Serial No

NOTE—Contin. Sheet

Serial No

105 And as soon as a department of research in Indian Therapeutics and Materia Medica has been opened under the Medical Faculty of the University, this department will naturally work in close co-operation with the Ayurvedic College and Hospital.

106 The holder of this Chair of Research may be either the Principal of the Ayurvedic College himself, or a member of the Medical Department, whose tastes, aptitudes and previous studies fit him for the work, and who may be given an allowance of Rs 100/- per mensem for conducting the research (and also training research students) in Indian Therapeutics and Materia Medica. Two research studentships should also be instituted in this connection. The endowment of the late Pandit Gopala Sarkar, which yields an income of Rs. 1200/- per annum, may well provide either for the Professor's allowance or the two studentships. The University will also make a suitable contribution towards equipment and establishment. Thus in this part of the work, there will be a virtual application of the Ayurvedic College to the department of Research under the Medical Faculty of the University.

107 Besides, there will be the establishment (and equipment) for the Hospital, herb garden, library and museum attached to the Ayurvedic College.

5. The estimates framed in 1919 were as follows:— Rs. 70,000 for buildings, Rs 12100 for initial (non-recurring) outlay, and Rs 38,564 for recurring charges, (including Rs. 25,136 for the College Rs 7728 for the hospital, Rs. 1780 for the library and museum Rs 920 for the herb garden, and Rs 3,000 for pharmacy).

The estimates for the College (Rs 25,136) include Rs 6,264 under scholarships for 40 students.

Since these estimates were framed (1919) prices have come down by about 40 per cent, but wages and salaries have not responded to this movement of prices, and the scale of pay may seem too generous today.

The grant for the existing Ayurvedic College is Rs 8092, and the sum provided for the reorganisation in the current year's budget is Rs 5,000.

6. Leaving out Rs 70,000 for the building and providing only Rs 2400/- per annum by way of house rent for the College and (small) Hospital, we have to find Rs 50,664/- say, half a lac, for the reorganisation on the proposed scale.

NOTE—Contn. Sheet

File No. of 19

Serial No.

NOTE—Contn. Sheet

Serial No

13 In the first year, perhaps half the sum will be required, in the second year two thirds, in the third or fourth year, the recurring expenditure will reach nearly Rs 40,000 (in round numbers). Including house-rent, it will come to about Rs. 42,000, against which we have the existing annual grant of Rs 8092. The income from Pandit Gopalacharlu's Endowment cannot be utilised for these purposes.

14 Including the house-rent, the additional provision required will be about Rs. 20,000 in the first year (allowing for the full 12 months); — Rs 28,000 in the second year — and about ~~Rs 30,~~ 34,000 in the third or fourth year!

15 The allowances for short courses of lectures or (part-time) assistance from members of the Medical Department have not been included, — nor travelling allowances and the expenses in connection with the College Committee, on which will sit not only the College teachers, but also one or two eminent Vaidyas from outside, and one or two members of the Medical Department. I have also omitted expenses for Prizes and Diplomas, for Examinations, and also possibly some sub-vention to an Association of Indigenous Medical Practitioners, a sort of Saraswat Samaj — who may grant diplomas to the alumni of the College

16 In any case, a full-fledged Ayurvedic College on the above scheme will cost, in the final stage, something between Rs 45,000/- and half a lac — against which we have an annual grant of Rs 8092 And this leaves out the building.

17 No contribution from local bodies can make up more than a very small fraction of the excess here estimated. In our present financial condition, with developments imminent and unavoidable under Primary, Secondary, ~~High School~~ and University Education, the expansion of Ayurvedic medical education on the proposed scale must be deferred.

But a Special two-year Course for turning out rural practitioners of the Ayurveda may be practicable, as it is also likely to be useful This need not be an affair of more than Twenty thousand rupees a year. There will be the Principal as key

NOTE—Contn. Sheet

File No. (२) of 19[illegible]

General and Secretaria

Serial No.

NOTE—Contin Sheet

Serial No.

who will also be Professor of some of the Occidental Courses and will be qualified to Conduct research in Indian Therapeutics and Materia Medica, two Vaidyas, a Lecturer who will also be Demonstrator a small herb-garden, the existing Ayurvedic Hospitals (with improvements), a better equipped library and no Pharmacy or Museum attached to the College as such.

120 The Anatomy, physiology, Sanitation, and Hygiene, and the elementary Botany and Chemistry lessons will be there, (very short Courses in the vernacular), — with some lessons on First Aid which can do no harm; and above all the practical and clinical instruction will be insisted on as a sine-qua-non of a diploma or certificate.

121 The boarding-rent need not be more than Rs 100/ or 150/. per mensem, and the scholarships (or stipends) may not exceed Rs. 3,000 in the aggregate.

122 The income of Rs 12000/- per annum from the Gopala Charlu Endowment will be utilised in paying an allowance to the Principal for carrying on and conducting research in Indian Therapeutics and Materia Medica. Facilities will be given to him at the General and other Hospitals.

123 On this scale, the total expenditure can, I think, be kept down to Rs. 20,000.

124 We have an existing grant of Rs 8092, and a provision of Rs 5,000 in the current year's Budget for the re-organisation. If the latter were repeated in the next budget, with an additional Rs. 3,000 for equipment, it would give us Rs 16,000, which ought to suffice in the first year, as several months will elapse before the scheme can come into effect. But if this scheme is started, the total provision will have to be Rs 20,000 per annum from the year following against the existing annual grant of Rs 8092.

The question of deputation of an officer for training for the Principalship does not arise in any case.

6. Finally, I will take up the question of the department to which the reorganised Ayurvedic College

NOTE—Contn. Sheet

File No. of/19

| Serial No |
| --- |

Serial No

Shoulds be assigned.

(iv) A transfer to the University is out of question. The University will render from outside whatever help is possible in the matter of Committee Work and Organisation, — and also with short Courses of lectures on Scientific subjects; but there can be no question of responsible charge or supervision by the Medical Faculty of a University run on modern lines. It is for older Universities to make the experiment. When our University starts a Faculty of Oriental learning, the question may be reconsidered. The Education Department will shortly embark on a course of educational expansion in the general interests of the State, with whatever Central or local funds it can secure for its crowded programme and it cannot take up a scheme of high grade professional education.

(vi) The Medical Department, again, has been recently divested of the charge of medical education, even as regards the L.M.P. and M.B. courses; and it would not be fair to devolve on it the charge of whole schools of Vaidyas (and possibly Hakims in a not distant future); I can well see a difficult and delicate situation.

The best course under the circumstances would be to have a small Committee of Ayurvedic Education under the Muzrai Department. In fact, this will be the College Committee, consisting of members of the College teaching staff, one or two learned Vaidyas, and one member each of the Medical Faculty and the Medical Department, the last two sitting ~~ex officio~~ to sit only in their individual capacity and to be nominated for their known sympathies with the Cause.

(vii) Any provision for teaching the Unani medical system must be postponed till the experiment of the reorganised Ayurvedic College is on a fair way to success both as to popularity and usefulness and as to the supply of a sufficient number of qualified rural practioners as part of a general scheme of medical relief.

B.N.S.

15.5.1925

NOTE—Contn. Sheet

40

Disposal at a Meeting)

No. C. 413
of 1924-25

# GENERAL AND REVENUE SECRETARIAT.

**Council Matter.**

SUBJECT.

( Clause xii of the Schedule )

Re-organisation of the Ayurvedic College, Mysore.

130

CIRCULATED TO THE MEMBERS OF COUNCIL.

By Order,

A Ramaswamy

11th April 1925. Offg. *Chief Secretary to Government.*

---

**Extraordinary Member of Council.**

316/14-4 **First Member of Council.** 15/4

0/4 **Second Member of Council.** 16/4 17/4

**Extra Member of Council.** KS 16.5

(For Disposal at a Meeting)

No. C. 413 41

of 1924-25

# GENERAL AND REVENUE SECRETARIAT.

Council Matter.

SUBJECT.

(Clause xii of the Schedule)

Re-organisation of the Ayurvedic College, Mysore.

CIRCULATED TO THE MEMBERS OF COUNCIL.

By Order,

T Ramaswamy

23rd May 1925. Offg. *Chief Secretary to Government.*

---

Extraordinary Member of Council.

First Member of Council. 26/5

9624 / 26/5 Second Member of Counci.. 27/5/25

Extra Member of Council.

Mug 752-24 X 42

C413.

Subject. - 12.

Re-organization of the
Ayurvedic College, Mysore.

Note. 12/

A scheme may be drawn up, with a draft order, working out the expenditure under the following heads, on the lines of the 1st member's minute.

1). Three years' course of study.

2). Grant of research Scholarships.

3). ~~Deputation~~ Training of an Officer in the Service for training outside the State.

4). Getting a Principal from outside, for a year or two

hm 9.6.25

A. J. Rev. Plan bring to Revenue Secretary with Compts. 12/6. 15.6.25.

hm 10.6.25

13/ a note detailing a proposed scheme for orders.

BG 29-7-25

Muzrai Secretariat

Muz. File No. 754 of 1921.

Serial No.

133 A note is put up on the lines indicated in the Council Resolution (vide next page for the note) The details cannot be given, as it requires careful study, and there was heavy pressure of work. The details of the requirements for the Hospital etc and the scales of pay have been adopted as far as is necessary from the Bramanda Agraharas note which is Sekarashie. If the scheme is approved a draft order will then be put up for consideration.

30.7.25.

Rec'd.

134 The estimates of expenditure given in the notes may in practice be found to be capable of slight reduction.

The main point for consideration is the determination of the nature of the three years course. The Vidwat course may for the present be left out of consideration — the three years course may be given so as to secure a sufficient number of practitioners for

NOTE—Contn. sheet

WD 0561 -GPB—3750—1 8 22

# N O T E .

135 The Council resolution is to the effect that a scheme should be drawn up on the lines of the First Member's Minute for

(1) Three years course of study

(2) Grant of Research Scholarships

(3) Deputation of an Officer in ~~science~~ Service for training outside the State

(4) Getting a Principal from outside for a year or two.

136 2. As regards the reduction of the course of study to one of three years, it is a matter requiring expert advice. The Muzrai Commissioner may perhaps be requested to consult Ayurvedic Practitioners like Dr. Lakshmipathy and such Allopathic Doctors as are in sympathy with Ayurvedic method of treatment and formulate a scheme of study extending over three years.

137 3. The reorganised Institution is, according to the Member's Minute, to be a combined College and Hospital with 12 ~~important~~ in patient beds, and the following items of expenditure seem to be required for the purpose:

## I. COLLEGE.

(a) Recurring Expenditure.-

| | | |
|---|---|---|
| Principal | Rs. 500 per mensem (as the services of an outsider have to be secured for a year or two, the maximum has been provided) ... | Rs. 500 |
| Two pandits on Rs. 70 to 100 - Average cost 85 x 2 | ... | " 170 |
| One writer | ... | " [illegible] |
| Four peons on Rs. 10 each | ... | " [illegible] |
| One watchman | ... | " [illegible] |
| Contingencies | ... | " 15 |

ps at Rs. 50 each - Rs. 100

Total Rs. 865 x 12
10,380 or
roughly Rs. 10,400
per annum

139

(b) Non-recurring Expenditure.-

| | | |
|---|---|---|
| 20 folding benches at Rs. 25 each | | Rs. 500 |
| 8 chairs at Rs. 7 each | | " 56 |
| 6 tables " 40 " | | " 240 |
| 2 almirahs " 60 " | | " 120 |
| 4 boards " 25 " | | " 100 |
| | Total | Rs. 1016 |

or roughly Rs.1000.

140

## II. HOSPITAL.

(a) Recurring

| | | |
|---|---|---|
| One Resident Pandit on Rs. 100 per month | | Rs. 100 |
| Two Compounders en Rs. 20 each | | " 40 |
| Two Ward boys at Rs. 15 each | | " 30 |
| One water man | | " 10 |
| One Nurse | | " 20 |
| One cook | | " 15 |
| Three peons at Rs. 10 each | | " 30 |
| One Clerk | | " 30 |
| Contingencies | | " 20 |
| Medicine charges | | " 120 |
| Ration charges | | " 120 |
| | Total | Rs. 535 x 12 |

= Rs. 6,420 or
roughly Rs. 6,400
per annum.

141

(b) Non-recurring.-

Details as per Mr. G. Narasimhaiah's Estimate - Vide pp 22 & 23 of G.O. No. 579-20/Mun: 5-22-18-2 & 13-8-79 - - .. 2,400 Rs.

142

III. Rent for the building - Recurring at Rs. 200/- per mensem - Rs. 2,400 p.a.

IV Scholarships (to continue as at present) " 2,500 p.a

V Deputation of an Officer

The starting pay of the Principal being Rs. 300 as per 1st Member's minute the Officer sent for training should necessarily be an Officer of a lower rank. Taking an Asst. Surgeon on Rs. 200, the charges for one year will be Rs. 200 plus Dep. allowance Rs. 40 - Rs. 240 x 12 equals 2,880 p.a.

Including T.A. for going and coming, books &c. Rs. 3,200 might do.

—— 3200 R

VI. Herb Garden.-

| | | |
|---|---|---|
| One Head Gardner ... | Rs. | 20 |
| Two Gardners at Rs. 10 each | " | 20 |
| Manure &c. ... | " | 5 |
| Total | Rs. | 45 |

45 x 12 = 540 or roughly Rs. 600

The total expenditure on the scheme will thus be:

| | Recurring | Non-Recurring |
|---|---|---|
| I. College | 10,400 | 1,000 |
| II. Hospital | 6,400 | 2,400 |
| III. Rent | 2,400 | ... |
| IV. Scholarships | 2,500 | ... |
| V. Deputation | ... | 3,200 |
| VI. Herb Garden | 600 | .. |
| | 22,300 | 6,600 |

Total of both - Rs. 28,900 or roughly Rs. 29,000

4. As against this estimated expenditure we have a budget provision of Rs. 17,800 (including Rs. 10,000 for reorganisation) and an interest of Rs. 1,000 accrues on Pandit Gopalacharlu's Endowment of Rs. 20,000 making a total of Rs. 18,800.

5. If the ~~above~~ scheme is sanctioned with effect from ~~say~~ 1st of October 1925, the recurring expenditure for the current year will be only two-thirds of the estimate i.e. about Rs. 15,000 and a sum of Rs. 22,000 would be required in all. Deducting about Rs. 2,000 that might have been spent before that time there will be about Rs. 16,500. An additional grant of about Rs. 5500 will be required.

and Revenue
Secretariat.

File No. 52 of 19 ?!

Serial No. 118

The organization of the Vidarbha or Higher Service may be considered again after experience is gained of the working of the reorganised for some time.

118 If the proposals are approved further action will have to be taken 1) to formulate the course of training 2) to depute an officer for training 3) to recruit the services of a Principal Conservator

925
NUZRAI
D. NO. 192

18/8
11.8.48

315/118

NOTE—Contn. Sheet

My File No. 754 of 1921.

Serial No

14 I am sorry this case was delayed with me for some time as before noting my final views on the points raised in the Revenue Secretary's note, I wished to know how the School of Indian Medicine recently started in Madras was working.

15 I took advantage of my visit to Madras some time back to see the above institution at Madras and study the lines on which it was working. The Principal of the school (Mr. C. Srinivasamurthi who is a B.A., B.L., and an L.M.P. & C.M., and also a -- diploma holder in ayurvedum) kindly met me and showed me round the institution.

16 The Principal gets a salary of Rs.600-50-900 and is assisted by 5 or 6 lecturers some of whom teach Ayurveda according to Sanscrit texts - some teach the Tamil System of Ayurvedic and some are teachers of the Unani system. These teachers get an honararium of Rs.100/- a month and are allowed private practice. Besides these salaried teachers some of the professors attached to the local colleges give instruction to the students in science, physiology and botony etc., as a labour of love.

17 The minimum educational qualification for admission to the School is said to be School-final or a standard of general knowledge and education equal to it. An exception is said to be made in the case of the Mahommedan students attending the Unani classes for whom the Lower Secondary standard has been prescribed. The experience of the Principal is that

Serial No

this lowering of the standard for these students has led to unsatisfactory results, inasmuch as the students with the lower qualification is not found to possess the intelligence and capacity required to follow the lecture, especially those on science, botany etc., The total course of study covers a period of 4 years, the object being, as explained to me by the Principal, to produce a class of medical practitioners who will compare favourably with the L.M.P.s., if not with L.M.S. & C.M. students and who can therefore claim the same scale of salary as the latter. Under this system, the School is not likely to serve the purpose of producing a cheaper class of qualified medical men who can meet the requirements of the rural population. I think (and Dr. Lakshmipathi with whoom I discussed the matter agreed with me) that we should not copy the Madras school in this respect and that a 3 years' course should be sufficient for us for the training of the class of Ayurvedic doctor who will serve the needs of our rural tract.

15. There is a dissection room attached to the school, where the students are taught anatomy by the Head Master. The bodies (unclaimed corpses obtained from the Police) are prepared by the school staff itself for dissection.

There is also a herb garden attached to the school.

16. There is at present no residential hospital attached to the school. It was not considered necessary

Note- Contn Sheet

Serial No

have one in the first year and I was told that it was under contemplation to remove the school (which is now located in a rented building) to a better building ~~when~~ where accommodation could be found for a hospital as an annexure to the school.

156 The above are the main features of the Madras School.

157 I think we may take action on the following lines with regard to the reorganization of our Ayurvedic college:-

(1) For the present the period of the 'Vaidya' course of study may be prescribed as 3 years, which should be quite sufficient for the training of -- the class of Ayurvedic practitioners required for rural tracts.

Later on, we may if necessary, prescribe a higher Acharya degree with another 2 years course (making a total of 5 years).

A Committee may be appointed to prepare syllabus for the 3 years course and submit it for the approval of Government.

(2) The minimum educational qualification prescribed for admission to the college to be S.S.L.C or a standard of general knowledge and education equal to it, preference being given to candidates possessing a knowledge of Sanskrit.

(3) Medium of instruction to be ordinarily -- Kannada except in subjects like Anatomy, Science etc. in which it may not be possible to give ~~instruc~~ instructions in kannada.

Serial No

-2-

(4) The tutorial staff to consist in the first year of a principal, two lecturers with knowledge of allopathic and Ayurvedic systems and an Ayurvedic Pandit in addition, if necessary.

(5) The Principal to be of the grade of Surgeon, his pay being fixed as Rs.300 (o-400) -25-600.

(6) One of our junior medical officers who has aptitude for it to be sent out for training in Ayurvedic to take the Principal's place. Meanwhile, the services of a competent outsider to be obtained on a pay ranging from Rs.300 to 500 according to qualification.

(7) Dr. Lakshmipathi told me that he can recommend some good men with both English and Ayurvedic -- degrees for the temporary appointment of Principal. The pay of the two lecturers with both English and medical and Ayurvedic diplomas may be fixed at Rs.80-10-150. We need not go outside for these appointments as I believe we have among our Sub Assistant Surgeons, two men with good Ayurvedic diplomas who can be appointed to their places.

The pay of the Pandit, if one is to be appointed may be fixed at Rs.40-5-60. The services of a teacher i the local High schools or colleges to be secured for teaching science, botany etc.,

The clerical and menial staff may be according to the scale given in the typed noted dated 20th July 1925.

(8) The establishment for the Resident Hospital

Note—Contn. Sheet

2321

[App. F. III—2

My File No. 754 of 192/.9

Serial No

to be attached to the college as also other items of expenditure to be incurred may be on the scale mentioned in the above note. I think, however, that it will be unnecessary to incur the whole of this expenditure for the Resident hospital in -- the first year. It should be possible to manage with half the amount provided for it in the first year.

165 There is no need to provide for a research scholarship at the cost of Government as the endowment made by ~~the~~ Pandit Gopalacharlu ~~being~~ may well be used for this purpose.

166 If the scheme is sanctioned by the end of March we may immediately advertise for a qualified principal and arrange to start the school from the beginning of the next academical year i.e. from about 1st July 1926.

A draft order may be put up on the above lines as resolved at the last meeting of the Council -- when this question was discussed and submitted within a week.

12/2/26

(The delay in the Branch is regretted. It was due to pressure of work in connection with Interpellations)

26/2

167 Draft order is subd. as directed.

25/2 Rev. Secy 26.2.26

26/2

Asst 1/3

168 member) 1/3/26

68/3

New File No. 752-24

Serial No.

169

FICE
26

173/24

Please bring
SECRETT. 20 MAR 1926
(file refd. to for remarks of the 1st member)
23/3

668/263

170

A revised draft (typed) has been prepared & submitted for approval.

Fin. Secy 20/3

187 3/26

I Sh. Member 23/3

171

A draft order is put up for consideration on decided in the Council meeting on 7.6.

172 It is regretted that there has been so much delay in dealing with this case.

Secy 9/4/26

Draft Circular for consideration

6/4

To chief Secy with compliments

10/4

10/4

NOTE—Contn Sheet

No. C. 471
of 1925-6

# GENERAL AND REVENUE SECRETARIAT.

**Council Matter.**

---

SUBJECT.

(Clause xii of the schedule)

Reorganization of the Ayurvedic College, Mysore.

CIRCULATED TO THE MEMBERS OF COUNCIL.

By Order,

*Chief Secretary to Government*

10th April 1926.

---

**Extraordinary Member of Council.**

**First Member of Council.**

**Second Member of Council.**

**Extra Member of Council**

754-21.

Subject. 30 C471

Re-oraganization of the Ayurvedi College, Mysore.

.....

OPINION OF THE COUNCIL.

To be brought up again after enquiring the final levy

6/6/26

Financial Sanction with Compts

7/6/26

26/22-5

Considered in Council on 22-5-26 orders on Budget may be awaited

23(5)26

25/5

WD 01264 –GPB –40,000—17-12-26



'd Revenue
Secretariat

File No. 1[illegible]-27 of 192

Serial No.

The second member has been pleased to direct that provision on the budget be awaited. The provisional issue of the budget for 1926-27 has been received and it is seen that no provision for the reorganisation of the Ayurvedic College has been made therein. (Vide 21-Medical, 6 Ayurvedic College, page 53 of the 1926-27 Budget). A sum of Rs 20,000 at least for the year 1926-27 is required for the reorganisation of the College with a hospital attached to it as per Council resolution on Page 42 supra, is to be effected.

Submitted for orders.

Rev. Secy)

8/6/26

8/6

CRo
8 6 26

2nd member)

The report of the Committee proposed to be appointed for suggesting the best means of using the chatram funds may be awaited

Mull
12-6-26

CRo
13 6

13/6

Submitted a copy of the G.O. No. 87-90 May 89-23 10 & 12-11-26 passed on the abolition of ~~the~~ Annadanattram in St. Ie & Abolition of the Sessions for certain places in ...

Await ~~...~~ ...
...
this year

8/12/26

9/12

NOTE—Contn Sheet

THE PALACE,

BANGALORE

23rd December 1926.

NS OFFICE.
received on
27. DEC. 1926
No. 632

F. 5034

My dear Mr. Mr. Mirza,

I am directed to send herewith for your kind disposal, Mr. Karpur Shrinivas Rao's letter dated the 21st instant and four copies of the printed reports of All Karnataka Ayurvedic Conference held in Bangalore in February last.

Yours sincerely,

Secy. to Govt.

26.12.26

Amin-ul-Mulk

Mirza M. Ismail, Esq., C.I.E., O.B.E.,

Bangalore.

A 858 28/12/26

# ದ್ವಿತೀಯ ಕರ್ನಾಟಕ ಆಯುರ್ವೇದ ಸಮ್ಮೇಳನ ಮತ್ತು ವೈದ್ಯಕೀಯ ಪ್ರದರ್ಶನ.

(The Second Karnataka Ayurvedic Conference and Exhibition.)


ಸ್ವಾಗತ ಸಂಘದ ಅಧ್ಯಕ್ಷರು.
ಕರ್ಪೂರ ಶ್ರೀನಿವಾಸರಾವ್,
B. Sc., L. C. E., ವಿದ್ಯಾಭೂಷಣ.
ಕಾರ್ಯದರ್ಶಿಗಳು.
ವೈದ್ಯವರ, ಪಂಡಿತ, ಕೆ. ಶೇಷಯ್ಯರ್.
ನಂಜುಂಡ, ಪಂಡಿತ, ಕೆ. ನಾರಾಯಣರಾವ್.

ಕಾರ್ಯಾಲಯ,
2ನೇ ಕ್ರಾಸ್‌ರೋಡ್, ಬಸವನಗುಡಿ.



OFFICE OF THE SECOND KARNATAKA AYURVEDIC CONFERENCE BANGALORE
23 DEC. 1926
No. 257


21st Dec. 1926.

From

Raja Sabha Bhushana Karpur Srinivas Rau, Esqr., B.A., L.C.E. M.R.A.S.
Chairman of the Reception Committee,
The Second Karnataka Ayurvedic Conference
And Exhibition, Bangalore.

To

Dewan Bahadur Rajakarya Prasaktha,
M. N. Krishna Rao, Esqr., B.A.,
II Member of Council, Government of Mysore.

S i r,

On behalf of the 2nd Karnataka Ayurvedic Conference and Exhibition held in Bangalore in February last, I beg to submit herewith 2 copies of the printed Report for favour of your perusal. I need hardly add that the Conference was a great success and but for the substantial help received from the Government of Mysore and the Local Bodies subordinate thereto, it would not have been possible to hold the 2nd Karnataka Ayurvedic Conference at Bangalore on such a large scale.

2. I am desired to invite your kind attention to the Resolutions Nos. 1 to 7 passed at the Conference and printed on pages 67, 68 and 69 of the Report, and specially so to Resolutions III (a) and III (b), which are quoted here for ready reference:-

III (a) That the Government of Mysore be requested that they would be pleased to start a fully equipped Ayurvedic college on the lines recently adopted by the Government of Madras; and,

(b) that they would also be pleased to start Ayurvedic Schools on corresponding lines at each of the District Head-Quarters and at other places as necessary.

this form.

3. I am to request that you will be pleased to take such steps as you think proper, to bring about the accomplishment of the objects noted in these Resolutions.

4. There is an awakening everywhere in India and Abroad to resuscitate the principles of Ayurveda, and I may be pardoned to state that it would be in the fitness of things if the Premier - State of Mysore takes the lead in reviving this Ancient Ayurvedic Science and Art.

I beg to remain,

S i r,

Your obedient servant,

Karpur Srinivasan

Chairman,

of the Reception Committee,

The Second Karnataka Ayurvedic

Conference & Exhibition.

# ತೀಯ ಕರ್ನಾಟಕ ಆಯುರ್ವೇದ ಸಮ್ಮೇಳನ ಮತ್ತು ವೈದ್ಯಕೀಯ ಪ್ರದರ್ಶನ.

**(The Second Karnataka Ayurvedic Conference and Exhibition.)**


ಸ್ವಾ. ಸ. ಅಧ್ಯಕ್ಷರು.
ಭೂಷಣ, ಕರ್ಪೂರ ಶ್ರೀನಿವಾಸರಾವ್,
B. Sc., L. C. E., ವಿದ್ಯಾಭೂಷಣ.
ಕಾರ್ಯದರ್ಶಿಗಳು.
ವೈದ್ಯವರ, ಪಂಡಿತ, ಕೆ. ಶೇಷಯ್ಯರ್.
ವಿಷಣ, ಪಂಡಿತ, ಕೆ. ನಾರಾಯಣರಾವ್.



ಕಾರ್ಯಾಲಯ,
2ನೇ ಕ್ರಾಸ್‌ರೋಡ್, ಬಸವನಗುಡಿ.
ಬೆಂಗಳೂರು ಸಿಟಿ, ತಾ||. 21st Decr. 192


Dear Mr. Thambu Chetty,

You probably know that an ALL-KARNATAKA AYURVEDIC CONFERENCE was held in Bangalore in February last, under the patronage of His Highness the Yuvaraja of Mysore, and I beg to enclose herewith 4 copies of the Printed Report of the Conference for favour of submission for the gracious perusal of His Highness the Maharaja.

I am to invite a kind reference to Resolutions Nos. I to VII passed at the Conference (vide page f"), and specially to Resolution No. III which is quoted here for ready reference:-

" III (a). That the Government of Mysore be requested that they would be pleased to start a fully equipped Ayurvedic College on the lines recently adopted by the Government of Madras: a n d

(b) that they would also be pleased to start Schools on corresponding lines at each of the District Head-quarters and at other places as necessary."

On behalf of the Conference, I very humbly and respectfully submit for the gracious consideration of His Highness the Maharaja the subject matter of this IIIrd Resolution regarding the starting of an Ayurvedic Central College with Ayurvedic Schools at District Head-quarters, and the Conference beg to express their earnest prayer that His Highness would be graciously pleased to consider these proposals favourably.

Yours sincerely,

Karpur Srinivasa Rao

Chairman, II K.A.A. Conference.

To

T. Thambu Chetty, Esqr., B.A.
Huzur Secretary.

his form.

G.R.S. III—3]

## Routine Notes.

[To be used only for notes, requisitions, etc., not intended for permanent record.]

---

Reference is invited to
a Report of the Ceylon
Committee on the Indigenous
Systems of Medicine - published
in the Gazette of the 18th inst.
The opinions of the Committee
on matters on which
an investigation of the
medical value of drugs used
by them practising the
Indigenous systems of medicine
2nd member) 4 27.1.27 5719/27

Seen. Thanks 27.1.27
4

*N B.*—Should routine notes be written on small slips, the notes must be copied, or slips pasted on this form.

*N.B.*—Should routine notes be written on small slips, the notes must be copied, or slips pasted on this form

## REORGANISATION OF THE AYURVEDIC COLLEGE IN MYSORE.

I beg to offer a few general observations on the proposals in the Member's minute.

The resuscitation and development of Ayurvedic and Unani system of medicine is a subject which is dear to the heart of the Indians throughout the whole of India and any practical scheme that may be framed with this object in view should receive the whole-hearted support of the Finance Department. The scheme of re-organisation of the Ayurvedic College in Mysore with a Resident Hospital annexed to it provisionally sanctioned by Government in 1919 had to lie over pending the examination of the detailed proposals by experts in Ayurveda. It has not also been possible so far to make adequate provision in the Budget for giving effect to the reorganisation scheme. In the budget for 1925-26 a sum of Rs.10,000 had been provided, but the amount lapsed.

The All-Karnataka Ayurvedic Conference held in February 1926 have passed a resolution urging on Government to start early a fully equipped Ayurvedic College.

The extension of rural medical relief is also a problem of pressing importance. The scheme sanctioned in 1920 of establishing Vaidyasalas and Davakhanas in rural parts through the assistance of the local bodies on payment of a suitable grant-in-aid, has not made substantial progress. There is paucity of qualified vaidyas and the financial assistance that the local bodies can afford them is inadequate.

The Government of Baroda have recently sanctioned the proposal of the Chief Medical Officer to open

four Ayurvedic dispensaries as a part of the scheme to provide medical relief in the rural parts of the State.

Though it is not possible to effect similar advance here, immediately the proposals in the Member's minute including the offer of a guarantee of a grant-in-aid of Rs.50 for a period of five years to the students sucessfully passing out of the Ayurvedic College seem to be eminently suitable as a first step in this direction.

Under the present circumstances, the reorganisation scheme cannot, I think, be any longer delayed and whatever minimum additional expenditure is necessary has to be faced.

The scheme of revision formulated by the Member consists of two parts. Firstly, the constitution of a fund for the maintenance of a Medical Research Institute for carrying on investigation on scientific lines into the mineral and vegetable drugs calculated to advance the indigenous system of medicine and secondly, the reorganisation of the Ayurvedic College at Mysore.

The Medical Research Fund is proposed to be formed with the late Mr.Gopalacharlu's endowment as nucleus and an annual contribution of Rs.20,000 from the savings of the abolished Annachattrams. Only the interest on the balance of the Fund is proposed to be utilised, the corpus receiving an annual addition of Rs.20,000.

If a well considered scheme can be devised for carrying on research work by an expert committee

as suggested in the minute, there is no financial objection to the proposed ~~Reserve~~ Research Fund. Provision may perhaps also be made in this sche e for deputing one or two competent medical men of the Allopathic school for being trained in the Ayurvedic system to take up the duties of the Principal of the Ayurvedic College in due course.

As regards the revision of the Ayurvedic college, there are one or two points on the financial side to which I have to invite attention. The scheme of revision includes a provision for a resi.e hospital and dispensary being annexed to the College This, of course, is a very necessary adjunct. In th hospital, provision is proposed to be made for beds of 12 in-patients. This necessarily invloves, besides the initial equipment, some recurring expenditure for maintenance such as ration charges, medicine etc. In the statement of extra cost, this item has not been calculated.

Then again, the herb garden requires to be improved. Some provision is to be made for improve ments which may be effected in consultation with the Agricultural Department. The establish ent of a library will mean some additional expend'ture both recurring an' non-recurring.

The extra cost of the scheme for the reorganisation of the College as proposed in the minute, is calculated to amount to about Rs.10,000 in the first year rising to Rs.15,000 in the third year. Besides this, an additional initial non-recurring expenditure of Rs.3,000 is suggested. As no p vision has to be made for the three items above

in the previous two paras supra

referred to, an additional sum of Rs.2 or 3 thousands/ recurring expenditure will also become necessary.

In the current year's budget, a sum of Rs.7,200, under the head Ayurvedic College, is provided including Rs.1,008 for office expenses and miscellaneous. This item of Rs 1008 will, I think, have to remain. The total additional provision that will have to be made in the next year's budget will be Rs.10,000 plus Rs.3,000 plus Rs.3,000, i.e., about Rs.16,000 in all, in addition to the existing allotment of Rs.7,200 - i.e., about Rs.23,000. in the aggregate for the College including its pharmacy & herb garden -

The current year's budget was balanced by drawing upon the reserves to the extent of Rs.8 lakhs. What the revenue position of the next year will be it is not possible to state with certainty now. Our revenues are inelastic. The Land revenue has reached its maximum. The Excise is on the downward grade. The course of the Electrical revenue has been rather disappointing. The position of the Iron Works from the State's revenue point of view is not free from anxiety. Government having undertaken several activities towards economic and other developments this year, it is unlikely that the present level of expenditure will go down next year. Demands for suitable financial assistance to the Village Panchayats are insistent. In view of all these considerations, I would only request on behalf of the Finance Department that the additional expenditure to be provided for in the next year's budget for the Ayurvedic Reorganisation scheme may be kept at the minimum possible.

h

21.12

Office of the Senior Surgeon in Mysore
Bangalore, dated, 7th April 1922.

No. S.C. 273 —

Imp 754-21-1

From

The Senior Surgeon with the Government
of His Highness the Maharaja of Mysore,
Bangalore

To

The Secretary to Government of
His Highness the Maharaja of Mysore,
Revenue Department, B a n g a l o r e.

I have the honour to place the following facts connected with the Ayurvedic School at Mysore, for the information of the Government:-

This School was started about fourteen years ago with the view to develop the old Ayurvedic system of medicine on modern scientific lines and to provide cheap medical aid to the people in the remotest parts of the State. How far the aims have been fulfilled will be apparent from the following facts:-

Though this school was started in the year 1908, no provision has so far been made to give practical training to the pupils which is absolutely necessary in the case of a medical school. I cannot imagine of a medical school intended for training men in medical science without the necessary adjuncts such as hospitals, laboratories etc., for clinical instruction, which forms the most important and indispensable part of the teaching. Of what value can any training be without these necessary equipments is hard to imagine. The only provision so far made for clinical teaching is out-patient department only, where no opportunity exist

watching the course of treatment. Until a hospital is attached to this school for imparting clinical instructions, it will be futile to attempt to train medical men under the existing conditions.

The syllabus of studies includes a mixture of western and eastern scientific subjects. In addition to subjects pertaining to Ayurvedic medicine, on which I am not competent to express an opinion, there are included such subjects like Anatomy, Physiology, Materia Medica, Elementary Medicine, Midwifery, Hygiene, Surgerynand Chemistry. Though the pupils are expected to acquire only an elementary knowledge of these Western subjects, it is not possible even to impart that amount of knowledge without practical demonstration for which there exists no facility. The present day physiology is quite different and in parts quite at variance with ancient teachings and it finds no place in the ancient Ayurvedic Medicine. In my opinion, it is absolutely a waste of time and energy to attempt to teach western subjects to Ayurvedic pupils, who, as a class, are incompetent to understand and assimilate what is taught. How is Surgery to be taught without operations and Midwifery without maternity cases for demonstration?

The class of students selected is of a low standard who come mostly for the sake of the scholarship. Their knowledge in Sanskrit is,as a rule,very poor. Out of the fifteen stipendiary students undergoing training, six are Mysoreans and the rest are rank outsiders. It is undesirable that Government money should be allowed to be frittered away on outsiders in this fashion, when we arepressed for cash to meet other legitimate demands.

There is no proper management of the school The Pandits who teach the students are not practical men. They are unable to distinguish between Pneumonia, Bronchitis, Tuberculosis of lung, Plurisy etc. They have no idea of diseases of the nervous system, eyes, ear, throat nose, heart etc. They treat only symptoms as they are unable to diagnose the diseases. If a patient complains of Colic , they give a pill for it but they make no attempt to find out its cause. If the pill happens to hit at the right cause, the patient finds relief; otherwise not. At most the Ayurvedic Medicine can only be applicable in cases of ordinary medical ailments. Surgery, Midwifery, Bacteriology, etc., find no place in this ancient system as practised at the present day.

It was thought that the men trained in this school would be satisfied with a small pay of Rs.10 or Rs.15; but it has not been fulfilled and some of them are paid not less than Rs.25/- per mensem. But in the case of a Sub Assistant Surgeon after four years' course of studies on modern system of medicine, Surgery and Midwifery, and who is capable of treating medical, Surgical and obstetrical cases, the initial pay is only Rs.45—5 at present.

It is open to the Government to decide whether it is desirable, under the present financial conditions, to continue this school at a cost of Rs.6,000/- or so; In my opinion it is undesirable to continue this institution without adequate facilities for practical training as it will be a source of distinct danger to the public. In their ignorance these men do much harm. Our local Hospital can bear testimony to the futile attempts that are made by the Vaidya to cure cancers, consumption, paralysis etc., and all of them to cure by various ig-

methods are lost for ever.

If it is the intention of the Government to develop Ayurvedic Medicine, then, let us have it on up-to-date lines, spend more money on the equipment and secure a better class of teachers and pupils. What is being done now appears to me entirely unsatisfactory for the purpose it is intended to serve and is an absolute waste of money at this time. If scientific medical aid is to reach the remotest corners it must be through the help of the Sub Assistant Surgeons trained on Western System and no other cheaper methods compatible with the safety of the people can be imagined.

During my last inspection tour of the Districts, representations were made to me by several people to open Local Fund Dispensaries in their villages, offering at the same time free quarters and other facilities, though they were provided with Vaidyasalas. There is no doubt that people are beginning to appreciate Western Medicine, and judging from the number of patients seeking treatment in all the State Medical Institutions, the day is not very far off when Western Medicine has come to stay for ever. Even those who decry Western Medicine in public are, I am sure, very first to seek Western Medicine when they themselves fall ill.

I have the honour to be,

Sir,

Your most obedient servant,

sd/H.B.Mylvaganam
Senior Surgeon.

"C o p y."

Forwarded with compliments, to the Secretary to Govt. Medical & Sanitary Department for information.

for Secretary

[illegible] with a
Collection of orders re
Ayurvedic College

BG
29.4.22 Vide order
on DB's file
What is the position actually
taken with the Govt schemes?
The Govt can do its best-
in this connection hereto
the remembered.
Postcript letters also
with the DB file

Mem Nos 3939/20, and 4089/20
are ord. along with Dis. 122-21

BG
30/5/22
Put up the history also of the
matter
2/5

Copies.
BG
5.8.22

SUBJECT Letter from the Municipal Commissioner in the matter of giving practical training to the students of the Ayurvedic College at Ingoor.

*Diary No. of letter replied to* 42801 21-22.

Section Mun
File No. 752-21
Serial No 2

General and Revenue Secretariat
( )
, *the* *191* .

No. 1675/Enclosures 2.

Date of issue 4/11/22

Signed by Mr D. E. Jayaratna

To The Municipal Commissioner in Mayor.

Sir,

In forwarding herewith a copy of letter No. G.G.273-1 dated 11th April 1922 from the Senior Surgeon in Mayor proposing for reasons given by him the abolition of the Ayurvedic College at Ingoor and a copy of the opinion of the Special Finance Committee on the subject, I am directed to suggest to be favourable with

over.

way do so as to
to you meeting the objections
Union Surgeon.

I have etc.,

W. Foster
30/10/12.

Secretary to your
Revenue Board

*List of enclosures.*

*Copied by*

*Examined by*

873

609 7 ms Office of the Muzrai Commissioner in Mysore. Muz

Dated Bangalore, 21st January 1924.

From

K. Chandu, Esquire., B.A., Muz. 754-21-3.
Muzrai Commissioner in Mysore,
Bangalore.

To

K. V. Anantaraman, Esquire., B.A.,
Secretary to the Government of His
Highness the Maharaja of Mysore,
REVENUE DEPARTMENT.

Sir,

With reference to your letter No.893/M.F.754-21 dated 8th -- January 1924, enquiring when proposals for the reorganization of the Ayurvedic College will be sent up, I have the honor to invite kind - reference to the questions interpellated at the meeting of the --- Madras Legislative Council held on 12th December 1923 and to the First Minister's reply thereto stating as to how the matter stood then and promising to pass final orders after an examination of the financial and administrative aspects of the proposals etc.

2. In this connection, I beg to state that Dr.M.Lakshmipathi, B.A., M.B. & C.M., Principal, Ayurvedic College, Mysore who is now on a ---- lecturing tour saw me yesterday and suggested that if a medical ----- graduate who is good in Sanskrit or Kannada were appointed for a year to work under him and for study also, he would train him for 9 months in his college and would during the remaining three months send him to visit Calcutta, Delhi, Jeypore and Lahore where there are [illegible] Institutions with provision for in-door patients, and [illegible] submit a scheme with the idea of appointing the [illegible] Principal of the college and the Head of the Ayurvedic [illegible]

This suggestion commends itself to me [illegible] favourable orders of the Government in this [illegible]

3. Dr. Lakshmipathi also suggested that the

dite payment of the amount.

I have the honor to be,

Sir,

Your most obedient servant,

Muzrai Commissioner.

G. R. S. VI—G/32]

SUBJECT.....

.....

.....

Diary No. of letter replied to 873

General and Revenue Secretariat
( Muz )
, the 191 .

Date of issue 23-2-24

Signed by M T Ramay

Section Muz.
File No. 754-21.
Serial No. 4.

No. 1113

To

The Muz: Comr: in Mysore.

Sir,

With reference to your
letter no. C. 609 of 22-23 & 21-1-24
re the reorganization of the
Ayurvedic College at Mysore,
I am directed to request that
the cutting from the Newspaper containing
the replies to the questions inter-
pellated at the meeting of
the Madras Legislative Council
held on 12-12-23 & the Ministers'
reply thereto, may kindly

over.

I have etc
Rep
16.x.24. Secretary
Rec. Def.

*List of enclosures.*

*Copied by*

*Examined by*

27561

C 6077 ans

1050

Office of the Muzrai Commissioner in Mysore,

Bangalore, Dated 27th February 1924.

From

K. Chandy, Esq, B.A.

Muzrai Commissioner in Mysore.

Muz 754-21-5

To

K.V. Anantaraman, Esq, B.A.

Secretary to Government of H.H. the Maharaja of Mysore,

Revenue Department.

S I R,

With reference to your letter No.1113/ .F.754-21-4 dated 23rd February 1924, I have the honour to forward herewith the news-paper cutting containing the questions interpellated at the meeting of the Madras Legislative Council held on 13th December 1923 and the minister's reply thereto regardingthe Indigenous systems of medicine.

I have the honour to be,

Sir,

Your most obedient servant,

K. Chandy

Muzrai Commissioner.

THE LEGISLATIVE COUNCIL

---

FURTHER INTERPELLATIONS AND REPLIES

---

INDIGENOUS SYSTEMS OF MEDICINE.

FIRST MINISTER'sPROPOSALS.

Rao Bahadur A.S.Krishna Rao Pantulu: Will the hon the Minister for Local Self-Government be pleased to state what action the Government have taken on the Report of the Committee on the Indigenous systems of Medicine?

A.-- The report was referred by the Government to two experienced Indian Medical Service Officers for expert opinion from the point of view of allopathic physicians. Their reply has been received and I have tentatively made the following proposals:==

(1) Opening of a School of Indian Medicine the staff of which will consist of a physician who has been trained according to the western system but who has made a special study of the indigenous systems and also three lecturers- one for each of the indigenous systems, Ayurvedic,Unani and Sidha.

(2) The introduction of a new subject, namely the History of Medicine with special reference to the indigenous systems in the curriculum of the Madras Medical College.

(3) Formation of a museum consisting of a collection of the various drugs used by practitioners trained in the indigenous systems to be attached to the School of Indian Medicine in order to enable scientists to investigate the drugs used by these doctors.

(4) The constitution of a Licensing Board consisting of the Principal and the Lecturers of the School of Indian Medicine and well known private Ayurvedic Unani or Sidha practitioners. The main duty of the Board will be to grant licences after an adequate examination to doctors who desire to practise according to the indigenous systems.

(5) I propose also to permit local bodies to employ doctors recog-

nan

now being examined. I have already asked for a provision next year's budget for the opening of the School of Indian I desire to discuss these proposals with the members of the standing Advisory Committee attached to the Medical and Publi Health Administration before passing final orders on the repo the Committee.

"C O P Y"

For Muzrai Commissioner.

27/2/24

SUBJECT ..... ..... ..... ..... . ..... ..... .. ..... ..... ..

..... ..... ..... . .....

... ..... ..... ..... ..... .... ..... .. .. ..... ..... ....

*Diary No. of letter replied to* 1050

Section Adm.

File No. 7 G 24-25

Serial No. 4

Muzrai Secretariat

( Muz )

, *the* *192* .

No.

Date of issue

Signed by

To

The Muzrai Comr. in
Bangalore

Sir,

With reference to the correspondence ending with your letter no C. 609 of 22-23 of 27-2-24 forwarding a copy the interpellation in the Legislature Council regard the indigenous system of m and soliciting the orders Govt. in the matter of the

over.

medical graduate, good
nskrit or Kannada, for
r to work under him and
udy, also, I am directed
quest that information
the cost of the defundation
how it is proposed to be met
be furnished ~~and the~~ Each & also comprehensive
osals for the improvement
e Ayurvedic College,
templated in ~~the~~ G. O. No.
20/Min 522-18-2 dy 13.8.19.

*List of enclosures.*

~~Descriptive~~ -

I have e,c

for
Secretary
Rev: Deptt

*Copied by*

*Examined by*

WD 0563—GPB—2,500—27 7 22

609 of 22-3 Office of the Muzrai Commissioner in Mysore.
file a from Govt

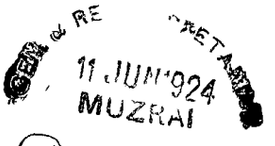
Dated Bangalore, 6th June 1924.

From

K. Chandy, Esquire., B.A.,

Muzrai Commissioner in Mysore,

Bangalore.




D no 2321
Misc. 754-21-7.

To

K. V. Anantaraman, Esquire., B.A.,

Secretary to the Government of

His Highness the Maharaja of Mysore,

Revenue Department.

Sir,

With reference to correspondence ending with your letter ---- No.1353/M.F.754-21-6 dated 31st March 1924 and subsequent communications regarding the reorganization of the Ayurvedic College, Mysore, I have the honor to forward herewith copy of note dated 9th April -- 1924 by Dr. A. Lakshmipathi furnishing full information as to the -- cost of the deputation of a medical graduate for a year to Madras -- and other places and also proposals for the improvement of the ---- College as contemplated in Government order No.519-20/M.F.522-18-2 dated 13th August 1919.

2. The cost of deputation is estimated at Rs.8650/- and adding sum of Rs.250/- the total cost will be Rs.9000/- in round figures. To meet this expenditure a provision of Rs.10,000/- is proposed by me in the next year's budget as no other appropriate source from -- which the cost could be met can be pointed out.

In a informal talk Dr. Lakshmipathi told me that Dr.K.Srinivasa Char, M.R.C.M. of the Krishnarajendra Hospital, Mysore, was an ----- eligible officer from all points of view and that his deputation may be decided upon.

I am of opinion that the deputation of an officer of the ---- Surgeon's grade will be productive of lasting beneficial results -- provided he is continued in charge of the institution for at least 7 years after his return from deputation and beg accordingly to recommend that early orders may kindly be passed in the matter.

ICC

e scheme referred to in the overnment order of the 13th August .9 "is well considered and exhaustive, and the recommendations containe the Muzrai Superintendent's note of the 4th March 1919 are on the -- ole suitable."

4. He however, makes certain suggestions, the chief items of which

(i) That having regard to the immediate needs of the country, a cial "Vaidya" course covering a period of 2 years may be instituted.

(ii) That a suitable course of sanitary subjects should be included the curricul a of studies.

iii) That an association of Indigenous Medical Practitioners be med.

(iv) That a special course of study in Ayurveda may be prepared for in the Allopathic Medical College, proposed to be opened as an -- unct to the Mysore University.

(v) That the Allopathic and Ayurvedic medical colleges should be ated in the same city - preferably in Bangalore in the midst of ier modern scientific Institutions.

(vi) That launching the reorganized scheme need not wait the return the Medical officer deputed, as capable men who are prepared to -- ve in any capacity and for any period are available in Madras and he is also prepared to offer his services as an honorary worker.

5. The scheme of reorganization approved by Government in their der of the 13th August 1919 provide for two courses of study - one her or Acharya course and the other lower or Vaidya course, both nning for five years and in the curricula framed for both the --- urses subjects on "Sanitation and Hygiene" have been included. e Vaidya special course for two years is intended to better equip isting practitioners and may be tried with the existing staff -- pplemented as needed by the help mentioned in para 4 item (vi) above.

Items iii to v are matters of detail and have to be examined further before final recommendations can be submitted. Item (iii) seeks to create an esprit de corps in the profession. Item (iv) as well as item (v) aim at fusing the best in the systems of the East and the West ultimately so that there may be no friction ----- between the practitioners of the two systems. On these matters the experience of the officer deputed both during and after ---- deputation will be found most useful and informing. Meantime the Governments of British Indian provinces will have also furnished to the public solutions of these vital questions.

Item vi depends on the availability and provisions of funds and the eagerness of the local men to avail themselves of the -- opportunity. The local bodies will, if approved, be consulted.

The Madras committee on the school of Indian medicine to be started in Madras have recommended that a minimum provision of Rs.30,000/- is required for the fist year. The Mysore scheme provides for an initial expenditure of about Rs.12100-0-0 and a recurring expenditure of Rs.38564-0-0 per annum, not to mention another sum of about Rs.70,000/- if convenient buildings to serve the purposes of the college and Hospital are to be constructed anew. It may be noted here that in the Madras scheme no provision has -- been proposed for the grant of scholarships and stipends, for an Hospital and for a Pharmacy. It will therefore be seen that the scheme of reorganization sanctioned in 1919 is far in advance of the Madras scheme and that no more scrutiny with a view to improve them in detail is necessary. Sanction may therefore be graciously accorded, for choice of sites, preparation of estimates and the provision of funds and in short for every thing being kept ready by the time the officer deputed returns after his stay. Study

6. As regards the teaching of the Unani system of medicine, I am of opinion that the scheme elaborated by the Madras Committee may be advantageously adopted with such minor modifications as -- might be necessary to suit local conditions.

7. I am of opinion that a portion of the estimated cost of work-

ring wi a quo a of he total cost hey are prepared to bear. In view of the large interests involved and submit their replies to Government.

8. The enclosures to Dr. Lakshmi Pathi's note are submitted for reference and kind return.

I have the honor to be,

Sir,

Your most obedient servant,

K. Chandy

Muzrai Commissioner.

KSR.

ed 9th April 1924 from Mr. A. Lakshmi Patni, B.A., M.B. & C.M. to the Muzrai Commissioner in Mysore.

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"I am sending herewith my report in reply to your letter No.609 of 223-one dated 1st April 1924 with its enclosures. After my interview with Mr. Srinivasaiengar, I have altered the short -- Vaidya Course into two years.

A copy of the curriculum of studies as framed by the --- Advisory Board appointed by the Government of Madras, referred to in page 2, will be forwarded to you shortly.

I shall feel much obliged if you will kindly let me know further in the matter.

Thanking you in anticipation,"

"Copy"

for Muzrai Commissioner. 7/6/24

K. Chandy, Esquire., B.A.,
Muzrai Commissioner in Mysore,

Sir,

With reference to your letter No.C.609 of 223/one dated 1st April 1924, I have the honor to state that the cost of deputation will be the grade pay plus deputation allowance, which depends upon the seniority of the officer, the Government will depute. I propose to suggest that an officer of the Surgeon grade may be selected for the work with a view to appointing him as Principal of the --- College and Head of the Ayurvedic Institution after his return from training; it is desirable that the Principal of the Ayurvedic College should be of the same rank as that of a District Medical --- Officer so that graduates of the Allopathic Medical College may have facilities for training in Ayurveda in this College and that future Principals may be drawn from among the Officers of the Surgeon ---- Grade who undergo special training in Ayurveda in this institution.

The following estimate of expenditure may therefore be ---- sanctioned:--

| | | Rs. |
|---|---|---|
| Grade pay. | Rs.500 .. | 500 |
| Deputation Allowance. | .. | 100 |
| | | 600 |
| | or Rs.7200 per year. | 7,200 |
| Books. A lump sum of Rs.250/- may be provided. Many other reference books that are needed will be obtained in the Colleges where he will be trained. | | 250 |
| Travelling expenses. (To proceed to Madras and stay for 9 months and then to Calcutta where he is expected to stay for about 6 - weeks, Delhi 2 weeks, Lahore 2 weeks, Jaipur 1 week and Bombay and Poona, together 2 weeks.) An approximate amount of Rs.1200/- may be sanctioned under this head. | | 1,200 |
| | Total. | 8,650 |

I am of opinion that the institutions where he is going to undergo the special training willbe glad to give instruction and give him all facilities without charging any fee.

With regard to the second part of your letter regarding the scheme for the proposed College and the Curriculum of instruction

institutions in India and was drawn up on the lines of the curriculum of the All-India Ayurveda Vidyapeetha, and is now being used as the Syllabus for candidates appearing for the All-India Ayurveda Examinations conducted in all parts of India. It aims at Providing two distinct courses of study, one for Acharya and the other Vaidya. I have the honor to enclose herewith a copy of the curricula of studies prepared by the Advisory Board recently appointed by the Government of Madras in connection with the establishment of the School of Indian -- Medicine, contemplated in their G.O.No.313P.H.dated 22-2-1924 in which a few alterations that have been considered necessary have been incorporated. It is proposed to have a 5 years' training, so that the graduate of this institution may be on a level with the students of medicine -- elsewhere and possess a degree recognisable by the General Medical --- Council of England. All over the world, the minimum medical course in recognised institutions is 5 years, and there is a tendency in most institutions to increase it to 6 years or more.

But, considering the state of medical relief at present obtainable in the villages, a course of 5years proposed in the schemes, will appear to be too long, however necessary it may be for training really qualified men. The present needs of the country are more in the matter of providing a large number of Vaidas with a practical knowledge sufficient to treat the ordinary diseases occuring in the villages and not so much the highly qualified medical man who generally is not inclined to live in the moffussil. The higher the course, the costlier the Doctor.

With special regard to such immediate needs of the country, I have the honor to suggest that for the next 5 years a special Vaidya course may be instituted covering a period of 2 years. The students trained under this course of study should be so trained as to have a general grasp of important points connected with prevention of disease as well as treatment of the simple and minor ailments. They should have a knowledge of surgery and mid-wifery so as to give first a

adly needed in rural areas. This course of study is also primarily nded to serve as a training ground for such of the local practitioners nd Vaidyas who have a desire to improve their knowledge. I do not mean hat the regular 5 years' course proposed in the original scheme should be iven up, but that the proposed special course of 2 years' training shall e in addition to the two courses of study, one for Acharya in Sanskrit and nglish, and the other for Vaidya in vernacular. The special short course, hich is intended to meet the urgent requirements till Vaidyas who have -- ndergone full 5 years' course are available, will automatically cease as soon as graduates (Vaidyas or Acharyas) emerge from the College.

I have given in Appendix 1. a curriculum for the special short ----- ourse that is proposed.

We all realise that the work of the Sanitary Inspectors is not at -- present as satisfactory as it ought to be. I have in fact taken the hint given to me by some Sanitary Inspectors who are themselves of opinion that they would be more useful to the people if they had a special training in Ayurveda.

In view of this fact, I have taken care to include a suitable course of Sanitary subjects in the curriculum of the Vaidya.

The fact both on account of rural sanitation and medical relief is expected to be much reduced and the efficiency of the sanitary department will at the same time improve considerably through the influence of the --- educated Vydyas who will be in constant touch with the people. This idea of the combination of the village medical man and the village sanitarian is the basis of the special short course that I have proposed below.

This course of study has been in conformity with the Laghuthrayi ---- Course, I.e., the study of three easy books accepted by the All-India ----- Ayurveda Vidyapeetha. This is the minimum qualification fixed for the ---- membership of the All-India Ayurveda Mahamandal. The three books, viz. Dhanvanthari Nighantu, Madhavanidanam and Sarangadhara Samhita that have -- been accepted by the whole of India as text books are to be taught to these students so that uniformity will be maintained throughout India. (Vide o College prospectus, page 6-)

The aim of this short course should be to create skilled men who

ong esire in he min s o e s u en s o earn more an more after the College course. The professors of the College and the students should publish a journal on behalf of the College incorporating the practical work done in their hospitals and the results of their researches. Through this Journal, the College should be in touch with the past students so as to keep them abreast of the times (I am enclosing herewith copies of the journals published on behalf of our College.)

The students of this short course should be provided with ---- facilities to study for the higher courses if they choose and if they satisfy the requirements of the higher course.

In addition to the starting of the proposed College the formation of the Association of Indigenous medical practitioners on the lines of the British Medical Association or the General Medical Council of ----- England should be encouraged by the State with the following objects:--

(a) The promotion of the Medical and allied sciences.

(b) The maintenance of the honour and interests of the medical profession in general and of the practitioners of Indian Medicine in particular.

(c) The maintenance of adequate standards of professional training.

(d) The maintenance of an "espirit de corps" among the members of the Association.

I enclose herewith a copy of the Memorandum and Articles of ---- Association of an association recently formed under the auspices of an Advisory Board appointed by the Government of Madras for this purpose. Members of this Association will be encouraged by the State (1) by ---- subsidies in proportion to their popularity and the number of patients treated by them, (2) by recognition of their certificates of ill-health injury or death, and (3) by offering facilities to them for training in the special short course now proposed on by scholarships for further -- study and (4) by supplying them with a high class medical journal so th they may exchange ideas and be up-to-date.

Though great stress has to be laid upon the orga

an Medical profession as it exists at present and on giving ne ined men a special course of training, it is to be recognised that t is the students who would undergo the full courses in Sanskrit English nd vernacular that would bring credit to the science of Ayurveda. They ould make available to the world the immense treasures contained in the ecorded experiences of generations of a highly civilised and ancient -- ace of the Hindus.

Ideal:-- The ideal of medical institutions in India should be the lending of the two sciences namely Ayurveda and Allopathy. Each system has its own merits and defects. The ideal system will be reached only when opportunities have been provided for the members of each institution to learn from one another. For this purpose it has always been proposed that special courses of study in Ayurveda should be made compulsory in Allopathic Medical Colleges in India. A careful study of the history of Indian Medicine and of the medical and surgical methods employed by the ancient Hindus, will, I am sure, help the allopathic medical ------ practitioner, making him both more learned and more efficient. A --- special syllabus may be prepared for use in the Allopathic Medical College prepar proposed to be opened in the Mysore State which has the greatest-- opportunities of bringing together knowledge derived from both systemsof medicine.

Location of the Ayurvedic College:-- The subject of Ayurveda is not to be treated as one of the old sastras which have to be revived for their literary merit but as a true science in the strict modern sense. The bearing which this science of Ayurveda has upon their branches of - learning such as Botany, Modern Chemistry and Physiology should not be under-rated. If these modern sciences have to advance in India on -- original lines, the help of the Ayurvedic literature is essential to them as in my opinion no research in India can be thorough without an intimate and first-hand knowledge that could be derived from our ancient books.

If Ayurveda has to thrive and hold its own in the field of ever advancing sciences, the students of Ayurveda must be in touch with the advancement of modern sciences. He has to receive the help of the --- chemists and the pharmacologists in finding out the causes for the --- potency of medicinal preparations mentioned in the old recipes. The

help the modern philosophers and scientists in understanding several intricate problems in their sciences. It is only when the students both the sciences of the East and the West have opportunities of studying with each other that the theories contained in Ayurveda could be explained to the modern scientific world in a language that could be understandable to them. In order to keep the students of Ayurveda in constant touch with the practice of medicine as practiced in modern and up-to-date Allopathic hospitals, it is my strong desire that the re-organised Ayurvedic College should be located at Bangalore in the --- midst of other modern scientific institutions instead of at Mysore, where these advantages cannot be secured. I may be permitted to say in this connection that Allopathic and Ayurvedic students may derive great benefit mutually by living together in the same room, such association affording opportunities for discussions and exhange of ideas. The provision for 12 beds suggested in the scheme is too meagre for good clinical instruction and so the Ayurvedic students have to depend partly upon their -- association with a well equipped Allopathic medical college and hospital.

I consider it therefore very advantageous that the Allopathic and Ayurvedic Medical Colleges should be located in the same city.

I have the honor to suggest that the matter need not wait until the Officer to be sent on deputation returns to duty. Capable men who are prepared to serve in any capacity and for any period are available at Madras and I for myself shall be glad to offer my services as an -- honorary worker. As one of the students and disciples and as xxxxxxx successor of the late Vaidyaratna Pandit D. Gopalacharlu, as Principal of the Madras Ayurvedic College, I consider it my duty to help to bring into force the scheme for re-organization of the Mysore Ayurvedic College in which the late Pandit took considerable interest and for the completion of which he was xxx daily looking forward.

I beg to offer to you my hearty thanks for having given me an opportunity of expressing my views on this subject and I hope that the

Government of Mysore will take early steps to re-organise the study of Ayurveda on modern lines. This has been a question pending for many years and the whole of India has been looking forward to the Mysore State for a lead in this matter. Looking forward to the --- Mysore State for a lead in this matter."

"Copy"

Mudgal Commissioner.

## APPENDIX I.

Curriculum:- For the special short Vaidya Course intended to suit the requirements in rural areas and to replace the untrained physician as early as possible.

(1) Title:- Vaidya - the same title as would be given to the fully trained graduates of the vernacular course.

It is not desirable to create a number of classes or grades in the practitioners, as distinction in the medical men practising in the same country are not conducive to the harmonious working of medical profession so essential to the best interests of suffering humanity. It should be our aim that in course of time the medical profession should be treated as one unit. Since we are not prepared to disqualify him from practice after the new graduates emerge from the College, I propose that the same title of Vaidya may be conferred on them.

(2) Language:- Mostly vernacular. (i.e., Kanada.)

(3) Standard of preliminary education:- Preference should be given to those who pass the School Final and urless they have a sufficient literary qualification to follow the courses of study, they should not be admitted. Preference should be given to sons of Vaidyas.

(4) Age. Not less than 20 years and not more than 30 years generally. For the regular course a student of 18 years of age will be admitted. (Practising physicians, even above the age of 30, may be given admission.)

(5) Curriculum. The curriculum should include special lectures and demonstrations on preventive medicine and first-aid in surgery and mid-wifery in addition to regular lectures on general principles of Indian medicine; and it may be divided under the following heads. It is intended that the instruction shall not be mere following of particular text-books; but special emphasis should be laid upon practical training that every student should receive during the whole period of 2 years in the Pharmacy and the Hospital

where the students should at least spend 3 hours every morning. The commentary or notes given by competent lecturers who devote their whole time to the subject are of greater value to the students than the texts - there is no use of appointing Pandits who can only teach verse by verse.

(1) Sarirasastram. (Anatomy and Physiology.) 30 lectures in a period of three months, aided by demonstrations on live-rabits or other animals, diagrams and lantern slides.

(ii) Dravyagunasastram including Rasa Tantra. (Materia Medica, Pharmacy and Therapeutics.)

(a) The properties of all common drugs, their identification, habitant, their preparations and their medicinal uses and etc., in as much detail as possible, 40 lectures.

(b) The study of the properties of mercury and other minerals, Rasas, Uparasas etc., 20 lectures.

(Dhanvantari Nighantu to be taught as a text-book.)

(iii) Swasthavrittam. (Hygeine and Sanitary Science.) 30 lectures. (To include a general knowledge of personal hygeine, village and town sanitation, disposal of waste, infectious diseases, contamination and purification of water, food and air and vaccination.

Text-books:- Portions of Vagbhata Sutrastana. MacNelley's Sanitary Handbook for India.

(IV.) Chikitsa (Medicine.)

Rogavijnan. (Diagnosis of disease. Madhavanidanam to be used as a text-book.)

General lectures on nomenclature of diseases, prevention and cure of the more important diseases. 20 lectures.

Kayachikitsa. (Treatment of diseases.)

Text-book:- Sarangadhariya Samhita and Chintamani. (For reference.) 40 lectures.

(V.) Salyatantra. (Surgery.) Lectures in surgery so as to enable practitioners to give first-aid to the injured and to do minor surgical work should be given with special reference to the methods used by Sushruta. 15 lectures.

I may refer here to the first-aid work turned out by

by ordinary men trained by the Red Cross Ambulance Associations within a very short time. Lectures on the same lines making use of materials and antiseptics contained in our ancient books will be very valuable and easy to practice.

(vi.) Prasutitantram. (Mid-wifery) and Kaumarabhrutyam (care of children). 20 lectures.

These practitioners should be specially made to realize the dangers of neglect in not taking proper medical aid in abnormal labout cases.

(vii) Salakyatantram. (Diseases of the eye, ear and throat.) 10 lectures.

(viii) Vyavaharagnanam. (Medical jurisprudence and vital statistics.)

A knowledge on these subjects is necessary. This should include symptoms of poisoning by various drugs and treatment. 15 lectures.

Total 240 lectures in a period of 2 years with practical work in the Pharmacy and clinical instruction in the hospital through out the whole period.

# PROPOSALS FOR A SCHOOL OF INDIAN MEDICINE TO BE STARTED IN MADRAS.

There are, at present, two methods of teaching Indian Medicine in vogue in this presidency. In the one, the teaching is confined to a certain standard text books while practical training is given by experienced professors. In the other method, the system of teaching is according to a prescribed syllabus and not confined to any text book in particular, the practical and clinical instruction being given to hospitals, dispensaries etc., set apart for the purpose. This method is followed in modern medical institutions of the West. Each method has its own advantage; but the confining of teaching to ancient text books alone, may tend to crystallization unless the professors keep themselves in active and intimate touch with all that is happening around them, so that they may be able to include in their teaching the newer conception of things, either by way of commentaries, explanations or in any other manner that may appeal to them. We recommend the adoption of the latter method in the proposed school of Indian medicine. The syllabus detailed below is drafted with a ~~view~~ new to secure this end.

The details of syllabus of Hindu medicine are as under:-

## RASASASTRA AND PADARTHAVIGNANA SASTRA.

( Chemistry and Physics ).

A general knowledge of the evolution of matter, Atomic Theory, Thriounas, Panchabhutas and allied topics.

Purification of Rasa ( Mercury ) --- Extraction Rasa from Hingula - 18 ways of purifying Rasa.

Purification of Gandhaka ( Sulphur ) - Seven fold calcining ( Jarana ) of Rasa by means of Gandhaka - Method of calcining Gandhaka.

Purification of Krishna Bhasma or Kajjali, Rasa - parapati, Rasasindura, Makaradhwaja, Rasakarpura etc.

The several processes of calcining Dhathus, processes of Marana: and their comparative merits and ~~the~~ demerits.

Purification and transformation of Loha, Tamra, Naga, Vanga, Swarna, Rajatha, Yasada, varieties of Abhra, Nischandra, Harithala, Manassilla, Rasamanikya etc., and reducing them to powder (Bhasmikaram ). na/

Method of extracting the essence of Abhra (Satvapata (Satvapatana ), Makshika, Talaka, Rasaka, Harithala etc.

The different ways of treating Loha in fire(Lohapaka

Intimate knowledge of Mandura, Makshika, Karpura, their purification and transformation.

Varieties of Anjana, Thuttha, Kaseesa etc.

The group of drugs beginning with Thriphala for ordinary Putapaka. The Erands for special Putapakas as also the Kiratha group.

The Mitrapanchaka for Nitruchikarana of metals ( rising the efficacy of metals.)

The ~~pru~~ are fication and reducing into powder of Muktha, Pravala, Sanka, Sukthi etc.

Knowledge of the various kinds of Yanthras and instruments such as Damaru, Dola, Valuka, Pathala etc., mentioned in Rasa Sastras.

The use of well-known Rasas found effective in diseases.

Preparation of Rasa compounds with medicinal properties and their uses.

PREPARATION AND USES OF SIDDHA OUSHADHAS.

SAREERA SASTRAM. ( Anatomy, Physiology (including phychology) and Biology).

The body and its constituent parts - their general description and function.

The evlution of Sapta Dhatus.

The nature of pure and impure Sukra and Sonitha - the formation and development of the Embroyo.

The technical terms (Paribhasha ) of Sareera.

Bones, their varieties, number, location, function etc.

Joints - Description - Varieties - Functions - the substratum of Slashma - Kala -ligaments binding the joints.

Muscles - their nature, kinds and functions, Kandara their situation and their functions.

Circulation --- description and functions of Hridaya, Sira, Dhamani, Rasayinis etc - Nature of Sonitha, Lasika, and the lymphatic glands.

Respiratory organs, vocal cards, wind pipe, lungs pleurae - their general description and functions.

Digestive system - mouth, tongue, salivery glands, teeth, palate, Uvala, Spiglottes, Gullet, stomach, Grihani, small intestines, large intestines, Rectum, liver, gall-bladder, pancreas, spleen, etc., their position, form, structure, relation and functions.

Knowledge of the processes of digestion, assimilation and Metobolism.

Genito-urinery organs - vrikka, Mutrasrothasi, Muthrasaya, Mutrapiaseka, Linga, Purushagrandhi, Sukra-shrothasi, Sukrathara, Phalakosa, Bijakosa, Bijasrothasi, Gharbhasaya, Appathayapatha - knowledge of position, form, relation, structure and functions of the above.

Brain and nervous system----Masthishka, Anumathishka Sushumnakanadi, Susumnanadi etc-- their structure, position, relation and functions.

Structure and classification of nerves, Kriya-kisheshya, Ida, Pingala, Ganglions, Nadichakrasa, afferent and efferent nerves.

Indriyas-- Netra, Netraguha, Netragolaka, Drishtinadi Ashrugranthi, Ashrumarga etc-- structure, relation and functions.

Ghranendriya. Ghrahamarga, Ghranandi etc-- structure, relation and functions.

Shrothrendriya, Shruthimarga, Shruthipathaha Shruthinadi, etc-- structure, relation and functions.

Thwak Indriya-- structure and functions.

Rasanendriya--structure and function.

A general knowledge of mental processes and chakras as given in works on Yoga and Tantra Sastras.

Marmasthanam Vignanam--knowledge of vital centres.

DRAVYAGUNA SASTRA. (Materia Medica and Pharmacy)

Paribhasha (Terminology and Technology)

Magadhamana, Kalinganana and other tables of messures in currency.

The measures of materials when dry and/wet or green.

The parts of materials to be taken for use, the time of taking.

The purification of Vishas and Upavishas.

The method of preserving Dravyas.

Substitutes for certain drugs when not available.

The method of boiling in milk (Kshirapaka) and various kinds of Puta and other pharmaceutical process.

Uses of Yavagu (Ganji) Manda and other articles of nick regimen.

The method of preparing Ghrita, Taila, Asava, Arishta Lehya, Modaka, Vati.

The terms, Dravya, Guna, Rasa, Virya, Vipaka, and Prabava; and their significance.

The properties of Dravyas such as Mridu, Thishna etc.

Description of Rasa, Virya and Vipaka and their attributes.

Classification of into groups (Vargas)-- Jala, Dugdha, Dadhi, Ghrita, Thaila, Madhu, Ikshu, Madya, Shukadhanya, Samidhariya, Mamsa, Saka, Pushpa, Pala, Kanda, Lavana, Kritanna, Aharayagi etc.

The description, properties, actions and uses of well-known drugs:-

(a) Audhbhidas (Vegetable origin)

Thriphala, Thrimada, Chaturjatha, Shadushana, Dasamula Trinapanchamula, Amalavargha, Ashtavargha, Patola, Parpataka, Tulasi, Nirgundi, Kathaki, Bhramai, Mandukapa rani, Ikshuraka, Havusha, Gorakshamundi, Indravaruni, Madanapala, Kosathaki, Panchavalkala, Ksharastaka, Vasa Barangi, Lavanga, Yamani, Satapushpa, Kushta, Shringi, Thambula, Kusthumburu, Shati, Thalisaptra, Jeeraka, Devad Devadaru, Duralaba, Puramava, Balachathushtayam, Aswaganda, Vidari, Vruda, Daruka, Ballathaka, Thrivrut, Yeranda, Danthi, Aragawatha, Jayapala, Daruharidra, Nimba Guduchi, Agoru, Kunkuma, Chandana, Jatamamsi, Palandu, Rasona, Katpala, Karpura, Useera, Hindu, Asoka, Sariba, Saptaparna, Salasa, Ahipena, Ganja, Bhang, Vatsanabhi, group, Vishamushti, Dhushthura, Gangapala group and others of proven utility selected by professors.

(b) Janthava (Animal origin) Kasturi, Gorachanam, Puti (cevet) Pithapanchaka, Mrigasringa, Ambaram, Muktha, Pravala, Sankha, Sukthi etc.

(c) Parthiva (mineral origin) Rasa, Maharasa, Sadharana Rasa, Loha, Upalacha, Ratna, Uparatna, Phenash Phenashma, (Sankapashana) Abhraka, Silajatu, Gridhara

Mridhara Shringaka, Souvira and other Anjanas etc.

NIDANA AND ROGA VIGNANA. (Pathology and Diagnosis.)

Detailed knowledge of Vatha and other Dhatus of the body in their natural and unnatural states. Knowledge of cause Sutras (Hethu Sutrani) and symptom - Sutras (Linga Sutrani.)

Examination of disease as to whether it is Nija, Agantu etc.

Dushya Vignana (Morbid Anatomy.) Vyathi Vignana, Nithana Panchaka, Roga Pariksha, Parikshopaya.

Rules for the examination of Mala, Mutra, Nadi, Jihwa, Netra, Hridaya Phuphusa and other organs.

Classification of diseases into Sadya, Asadya and Yapya.

Knowledge of Arishta.

Pathology of common diseases. Sadarana Jwara, Vishamajwara, Sannipatajwara, Athisara, Pravihika, Grahani, Agnimandya, Ajirna Amlapitha, Vishuchika, Krimiroga, Sula, Udavartha, Yakrid Road, Hikka, Rajayakshma, Raktapitha, Chardhi, Daha, Thrishna, Arochaka, Murcha, Apasmara, Sanyasa, Vathavyadi, Vataraktha, Kushtas, Unmatha, Panathyaya, Amavatha, Urusthamba, Pridroga, Vrikkaroga, Sotha, Mutrakrishra, Muthraghatha, Puyameha, Sleepada, Galaganda, Gandamala, Medoroga, Asurika, Visarpa, Visphotaka, Seethapitha, Upathamsa, Firangaroga, Sthreeroges and Khudrarogas.

SWASTHA VRITTA. (Preventive medicine and Hygeine.)

Dinacharya, Rathrócharya, Rithucharya, Desacharya, tharavidhi, Vegavidharanam, Sadvrutha, Sisupalanavidhi etc.

Paneeyajalavichara. (concerning drinking water.) Causes of polution of water and its prevention. Purification of water.

Vasasthana Vichara. (Regarding habitations etc.)

Vayusancharana Prayojanadi. ~~Dinacharyaxafxrexerxthexetc~~.

Disposal of excreta etc.

Janapada Dhwamsariya. Causes leading to epidemics.

Sankaramikaroga. (Infectious diseases.) Methods of infection and means of preventing them.

Rules regarding dieting, bedding, celibasy, temparance etc.

## K A Y A C H I K I T S A.
(Medicine including mental diseases and toxicology.)

Knowledge of Sneka, Sweda, Vamana, Virechana, Niruna, ~~xxxx~~ Anuvasana, Uttaravasta, Langana, Brihmana, Mutrana, Sirovirechanam, Netravirechana etc.

A good knowledge of the diagnosis and treatment of all diseases mentioned above under Nidhana (including infectious diseases.)

A knowledge of the uses of Rasayana and Vajikarana medicines and of Anupahas.

Knowledge of three kinds of poison (Thrividhavisha) and their antidotes.

Treatment of snake bites, bites of rabid dogs and other animals, stings of scorpions, Alarka, Luta and other insects.

Treatment of poisoning by opium, Bhang, Ganja, Duttura, Vatsanabha, Vishamushti, Sankapashana, Talaka, Manassila and such others.

Knowledge of non-poisonous drugs which may become poisonous in combinations.

Knowledge of the signs and symptoms of mental disorders, principles of observation and treatment - the use of self-control, concentration of mind etc.

Knowledge of special mental affection such as melancholia, manis, Hysteria etc., and their treatment.

SALYA TANTRA AND SALAKYA TANTRA. (Surgery, general and special

Knowledge of surgical instruments, their uses, shapes, etc.

Sterilization of instruments, cotton bandages, anaesthetics etc.

Testing surgical instruments and method of preserving them.

General knowledge of wounds and injuries, dislocations and fractures, and their treatment. Rules for applying bandages, splints etc.

Knowledge of the eight kinds of surgical operations and their indication.

Knowledge of Salyodharanam, Jalukavacharanam, Agnikarma, Kshārakarma, Siravyatha, Sonithamokshanam, Kshataja Visarpa,

Surgical treatment of Arbuda, Vidradhi, Vriddhi, Netra Rogas etc

Discrimination of diseases into there fit for operative treatment and there which are not.

PRASUTI TANTRA, STREE ROGA AND KAUMARA BHRITYA.

(Midwifery and diseases of women and children.)

Signs and symptoms of prepnancy.

Rules of conduct to be observed by pregnant women.

Pumsavanavidhi.

Means of securing easy delivery.

Difficult labour and treatment.

Treatment of new-born child.

Examining whether an embryo is living or dead.

Treatment of abortion.

Retention of placents and its treatment.

Peurperal fever and its treatment.

Rules of conduct during Peurpirium.

Diseases common to peurpiral women and their treatment.

Diseases of the womb and their treatment.

Rules for nursing and rearing of children.

Examination of mother's milk.

Means for improving mother's milk.

Rules for the selection wet-nurse.

Substitutes for mother's milk.

Knowledge of disease peculiar to children and their treatment.

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The following additional syllabus for Siddha students is recommended for students desiring to specialise in this Branch.

Occurrence.- In uncombined state or in amalgam with metals like gold, silver etc.

Modes of formation.- By roasting, by distillation, by extraction from Lingam (Cinnabar), Veeram (Perchloride of mercury) Puram (Subchloride of mercury.) Mica etc.

Properties. Such as changes at different temperature and and under different conditions in contact with metals, salts, oils, acids, vegetable matters etc.

Purification.- Purging out of the (8) eight Doshas impurities), viz., (1) Sarpa, (2) Vanga, (3) Gandha, (4) Vanni, (5) Sanjala, (6) Malam, (7) Kala, (8) Mandha.

Modes of preparation.- (1) Ordinary and (2) Extra-ordinary.

I. Ordinary.

Basmams, Chindurams, Churnams, either independently or in alloy with one or more metals, or arsenics, or salts of vegetable drugs; and also in the preparation of ointments, pills, Kularbu ( compounds), Sublimation, Melugu (Wary preparations) Gudu etc.

2. Extra-Ordinary.

I. Densifying under certain conditions.

II. Preparing it to be non-volatile.

III. Preparing from the Non-volatile mercury.

| | |
|---|---|
| (a) Kuligas | either independently or in alloy with some Uparasas or metals, as preparation may require or be in need of. |
| (b) Kalangus. | |
| (c) Melugus. | |
| (d) Basmas | |
| (e) Chindurams. | |
| (f) Churnams. | |

IV. Submitting the "Kuligas" to a process called Charanai, i.e. processes to give more and more potency and efficacy to the Kuligas for subsequent preparations from them, to various forms of medicine.

Kuligas. are seven according to some and more according to other authors on this science.

V. Preparing the mercury to take the following forms:-

(a) Suthamianam.
(b) Maha Siddhirasam.
(c) Oyardevadharasam.
(d) Audimaharasam.
(e) Rudrarasam.
(f) Brhmarasam.
(g) Parakka-Sandhamarasam.
(h) Balarasam
(i) Nerinala Sutham.

(j) Nilakanda Sutham.

with the help of acids of salts extracted from vegetables.

VI. Convertinent the above into Chinndurams taking the above names respectively.

VII. Producing a good deal of highly potent and useful preparation such as:-

(a) Dasarasa Chinduram.

(b) Linga Sattu Chinduram.

(c) Manosilla Sattu Chinduram.

(d) Gandac Copper Chinduram.

(e) Abraha lead Chinduram.

(f) Ayaerya (Iron lead) Chinduram.

(g) Maha Purana (Chandrodayam)

(h) Siva Bhupati. etc.

## Uparasas.

Numbering 120 and falling under the two heads-- (1) Organic and (2) Inorganic.

## Ekadasa Lohas.

the original and alloy mentals vix. (1) gold, (2) silver (3) copper, (4) Iron, (5) lead, (6) zinc, (7) steel, (8) bronze (9) Brass, (10) Thara (alloy of copper and spelter or zinc) (11) Tin.

The above two are classified for convenience sake into the following groups in the preparation of medicines.

(a) Pancha (5) Loghas----- (1) Gold, (2) silver, (3) Copper (4) Iron, (5) Lead,

(b) Sathu (7) Loghas--- (1) Gold, (2) silver, (3) Copper, (4) Iron, (5) Lead, (6) Bronze, (7) Thara.

(c) Ashta (8) Loghas. (1) Gold, (2) silver, (3) Copper, (4) Iron, (5) Bornze, (6) Thara, (7) Tin and (8) zinc.

(d) Nava (9) Loghas. (1) Gold, (2) silver, (3) Copper, (4) Iron, (5) Lead, (6) Tin, (7) Brass (8) Bronze, and (9) Zinc.

The occurence, modes of formation-- Properties-- purification and its necessities--good and evil effects. Antidotes-- Preparation of Basmams--Chindurams, Churnams, either from each of the metals or from the alloy of one or more metals or

metalic Kalangas etc.

PRECIOUS STONES.

(1) Gomathakam-- Oryz.

(2) Nilam--(Blue) Sapphire.

(3) Pavalam-- coral.

(4) Pushparagam--Topaz.

(5) Marakadam-- Emarald.

(6) Manickkam--Ruby.

(7) Muthu--pearl.

(8) Vajram--Diamond

(9) Vaiduriyam--Cat's eye (Lapis Lazulie)

Occurence-- Fomentation -- Properties--Purification-Necessities of purification--Effects, good or bad.

Extraction of essence in liquid states, the use,

Medicinal preparations as Basmahs etc., and the use singly or in combination with one or more preparation of similar character from other stones.

ARSENICS.

Nature 32. Prepared 32.

Occurence--modes of formation--Properties--Purification--Good and bad effects, Antidotes, Preparation of Arsenics--Substitutes--Methods of preparation of volatiles into non-volatiles--Methods for fusing or non-fusing the non-valatiles Preparation of Basmahs, Chindurs, Churnams, compounds, i.e. Melugus, Kulambus etc.

SALTS.

Numbering 25. Nature.10. Prepared 15.

Occurence, Modes of formation, Properties, Purification Effects good or bad.

Preparations of those 15 salts called prepared ones,

Preparations of Acidus from Salts and use.

Preparations of Jayaneeru of various sorts, use of the Jayaneerus.

Mode of converting salts fire-proof and their use.

Methods of preparing Oxides, Calcines, etc. and theiruse

Combination with metals to prepare metalic salts.

Methods--purpose--use.

Sattru (allied) and Mitri (unallied)

Methods of killing a metal, metalic salts etc., by metals etc. of unallied nature--(Sattru)

Giving life on tone to those metals killed as above (Mitri)

KUDORI.

Preparation, use (helpful in fuzing substances which would otherwise require extraordinary temparature in chemical & laboratory)

BHUTHAMSA.

Method of classifying Upashas, Metals, Salts, Precious stones, arsenics, vegetable drugs, etc. according to Pancha Bhuthamsa.

DEEKSHA.

Purifieation of mercury and salts, by stages and than in continuation of one stage after another to bring the substance so treated more potent and efficacious.

BASIC PRINCIPLES.

involved in the preparation of

Urukkinam--(melting)

Chunnam (calcination)

Chindurainam (Oxidation)

Kalangainam (Compounds of metals and mercury)

Mezhugainam (Waxy formation)

Jayaneerinam.

Kuligai-inam--(Mercurial pills of potency)

Dravaga-inam (Acids)

MATERIA MEDICA AND PHARMACY.

Methods of preparations adopted in the Siddhic system:-

| | | |
|---|---|---|
| Anjanam. | Agrahuam. | Ottidam. |
| Kalikam. | Kapadam. | Kalimbu. |
| Kashyam. | Kudori. | Kalkam. |
| Gridham. | Kuligai. | Kuzhambu. |
| Sathu. | Swarasam. | Churanam. |
| Dravkam. | Theeneer. | Thuvalai. |
| Dhumam. | Thenural | Thailam. |
| Nasiyam | Padangu | Payasam. |
| Pittu | Parttu. | Pattanam. |

| | | |
|---|---|---|
| Kasiyam. | Parpam. | |
| Pittu. | Partu. | Pattanam. |
| Manjeri. | Mathirai. | Melugu. |
| Mai | Rasayanam. | Lahiyam. |
| Vadagam. | Kalangu. | Maharasam. |
| Ennai. | Panakam. | Basmam. |
| Chinturam. | Chunnam. | etc. etc. etc. |

## THE SYLLABUS FOR UNANI STUDY.

The ~~pertinent~~ portions in preliminary scientific subjects will be taken in common with students of Hindu medicine.

III. Pathology:- Health and disease, Division of Diseases. General Etiology of Diseases. Individual temperaments, Signs and symptoms of diseases. A special study in the examination of Urine, pulse, sputum, faeces and of the changes in the harmones of the body. A few lecturers on Bacteriology. Special Pathology of heart, liver, Lungs, Kidneys, Brain and glands.

IV. Hygiene. (3rd year) General methods. Personal and Family Hygiene, Sewage, Methods of Disposal of Excretes and waste, Infection, water and its impurities and how to remove them. Food, Exercise, Rest and Sleep, Effect of climatic changes on health. General rules to be observed in Epidemic are as in case of infectious diseases.

V. Materia Medical:-- (1st. and 2nd year)

Drugs. Character of drugs, Impurities in drugs. Incompatibilities. Weights and measures.

Pharmacy and dispensing. General directions. Preparation of decoctions, infusions, pills, Tabloids, Aquae, Oils, Powders, Leyghams, Muffarrhas, Plasters, Ointments Blisters, Syrups, and Suppositoris etc.

Administration of drugs. Dosage, Art of prescribing Pharmacology of drugs, toxicology and their therapeutic uses.

VI. Medicine. (1st year)

General methods of treatment (1) by regulation of diet. (2) treatment by medicine, (3) methods of removal of matter from the body (4) Directing the matter from one place to another. (5) Venesection, cupping Baths, etc.

Etiology, Sings, symptoms, Diagnosis, Prognosis, and treatment of (1) Diseases of the digestive system, (a) Diseases of the liver, (1) Functional disturbances, (2) Jaundice, (3) (3) Congestion and Hepatitis, (4) Abscess of the Liver, (5) Cirrhosis of the Liver and Ascitis, (6) Biliary colic and cholelithiasis.

(b) Diseases of the spleen, (1) Congestion, (2) Hypertraphy, etc.

(c) Diseases of the Oeasaphagus.

(d) ,, ,, Stomach. (1) Gastritis acute and chronic (2) Gustralgia, (3) Gastric Ulcer, (4) Cancer of stomach (5) Maemakmisis, (6) Dilation of the stomach, (7) Dyspepsia (8) Stenosis, (9) Gastric Neurosis, (10) Digestive Disturbances, (11) Atrophy of the stomach, (12) Aneurexia and Bolacmia.

(e) Diseases of the intestines, (1) Enteritis, (2) Diarrhoea (3) Dysurteries, (4) Malena, (5) Colic, (6) Intestinal obstruction, (7) Constipation, (8) Alementhiasis, (9) (9) Metecrism, (10) Diseases of the Rectum.

(f) Diseases of the Kidney and Urinary passages, (1) Nephritis acute and chronic, (2) Pyelitis, (3) Uraemia, (4) Anenria, (5) Polyurea, (6) Chyluria, (7) Haematuria, (8) Albuminurea, (9) Nephro Lithiasis, (10) Atrophy, (11) Abscess of the Kidney, (12) Incontinence of Urine, (13) Cystitis, (14) Cystic Ulcers, (15) Stones in the bladder.

(g) Diseases of the male generative organs, (1) Diseases of the Testis, Hydrocille, Haematocelle, Orchitis and Varicocele, (2) Diseases of the Penis, Ulcers, Atrophy, Inflamation, Spermatorrhoea, Impotency, Nocturnal Emmissions.

II. YEAR. (1) Diseases of the head including Nervous and mental diseases, (2) Diseases of the eye, (3) of the ear, (4) of the mouth, (a) tongue and gums, (b) teeth (c) lips etc. (5) Diseases of the respitarory system, (a) Diseases of the nose, and Larynx, (b) of the Trachea and Bronchi, (c) of the Lung and pleurae, (6) Diseases of the circulatory system, (a) Diseases of the heart ( organic and functional, (b) Diseases of the artories and veins, (c) Diseases of the blood.

III. Year.

1. Tevers, II. Infectious diseases, (1) Typhoid, (2) Pnemonia, (3) Influenza, (4) Whooping cough, (5) plague, (6) Tuberculosis, (7) Diphtheria, (8) Syphilis, (9) Malaria, (10) Kalahazar, (11) Filariasis, (12) Smallpox, (13) Chicken pox, (14) Measles, (15) Dengue, (16) Rheumatic fever (17) Erysepiles, (18) Paratitis, (19) Leprosy, (20) Venerial diseases,

III. Diseases of the skin and its appendages. (1) Ringworm (2) Erythema, (3) Urtecaria, ~~(Herpes~~, (4) Herpes, (5) Lenkoderma, (6) Pruritus, (7) Scabes, (8) Eczema, (9) Psoriasis, (10) Pemphegus, (11) Pediculosis, (12) Warts (13) Hyper Traechogis, (14) Alaepecia.

IV. General Diseases. Rickets, Scurvey and Beriberi, Acute and chronic Rheumatism, Dropsy, General debility, Emmaciation, and obesiety, Burno and scaldo.

V. Poisons, Opium, Datura, Indica, Arsenic and Lead.

VI. SURGERY. Bacteriology. Inflamation, Pyogernie, Infection, Ulcers, Gangrene, Specific infectious diseases Leprosy, Syphilis, Gonorrhoea, Diphtheria, Erysepilas, Tetarius, Hydrophobia, Tuberculosis, Absecess, Tumours, and elements of special surgery.

Midwifery.

VII. (1) Pregnancy, (a) Signs, symptoms and Diagnosis of Pregnancy, (b) Ailments of a pregnant woman and their teatment, (c) Care of a pregnant woman.

(II) (a) Management of a normal case of pregnancy (theory only) (b) care of a normal peurpural woman, (c) diseases of a peurpural woman.

(III) Abortion, Varities, Signs, Symptoms, and treatment care of the new-born.

(IV) Diseases of children. Diseases peculiar to females. Pruritus vulval. Vulirtis, Vaginismus, Prolapse of Vagina and Uteria, Disturbances of Menstruation , Leucorrhoea, Hysteria, Meteritis, Endo-Metritis, Sub-Involution, Displacements, Sterility, Pseudo-Pregnancy, Fibroids and Cancer.

The syllabus that we have outlined above is intended to extend over a period of five years, distributed as under:-

Ist Year.

(1) Physics (one course) Theoretical and practical.
(2) Chemistry. (First course) ,,
(3) General Biology (one course) ,,
(4) Anatomy (first course.) ,,
(5) Physiology and Psychology (first course. ,,
(6) Materia Medica and Pharmacy. (First course) ,,

At the end of the first year of study, there will be an examination for promotion to the second year class.

II Year.

(1) Chemistry (second course) Theoretical and practical
(2) Anatomy (second course) ,,
(3) Physiology and Psychology. (Second course) ,,
(4) Materia Medica and Pharmacy (second course) ,,
(5) Pathology (First course) ,,

At the end of the second year, there will be an examination for promotion th the third year class.

III Year.

(1) Medica and Pharmacy, (third course) Theoretical and practical
(2) Pathology (second course) ,,
(3) Medicine (First course) (including mental diseases and Toxicology) Theoretical and clinical.
(4) Surgery (First course) General and special. ,,
(5) Preventive medicine and Hygiene. (first course) Theoretical and practical

At the end of thex third year, there will be an examination for promotion to the fourth year class.

IV Year.

(1) Preventive medicine and Hygiene-Theoretical & Practical (second course)
(2) Medicine (including mental diseases and Toxicology) (2nd course. ,,

(3) Surgery (2nd course) General and special — Theoretical and clinical

(4) Midwifery (Icourse) (including diseases of women and children) — ,,

(5) Ophthalmology (one course)

V Year.

(1) Medicine (III course) (including mental diseases. — Theoretical and clinical

(2) Surgery (III course) (general and special) — ,,

(3) Midwifery (II course) (including diseases of women and children) — ,,

(4) History and Philosophy of Medicine (One course)

(5) Medical Jurisprudence (one course) ( including medical ethics.) — ,,

History and Philosophy of Medicine. This is a subject which we have newly introduced into the curriculam; and we wish to lay special stress on the adequate provision being made for this subject being properly taught in the proposed school. As the framers of the Report of the Sadler Commission on University Education observe very truly " It is only in the light of modern medicine that ancient systems of medicine can be judged in their true perspective and relationships. The subject is one of importance not only for medicine but for the history of science and civilization generally. In a number of European Universities, notably the University of Paris, there is a chair of the History of Medicine, and ther is a growing sense of the necessity, these d[illegible]s of specializati of establishing teaching which shall give to the speciallist a wider view of his subject. Sir William Osler, the Regius Professor of Medicine in the University of Oxford, has drawn attention to this aspect of the matter in his interesting preface to the recently published studies in the History and methods of science edited by Dr. Charles Singer, which deals largely with the history of Medicine.

It is expected that as far as possible the professors of every subject will incorporate into their teaching all useful and helpful additional knowledge that may be found in other schools of medicine. Our ideal is to see that, in the best interests of humanity and science, the future practitioners of Indian Medicine are so trained as to be able to bring to bear on the problems of Health and Ill-health not only the expert knowledge of their own system but, as far as possible, whatever is helpful in other systems also. We look forward too in full hope and confidence, to a day, and that at no distant future, when the opening of this Government Medical School will result in the realisation of the hope which our ex-Viceroy, Lord Hardinge, voiced forth in the following terms on the occasion of opening the Ayurvedic and Unani Fibbi College, Delhi:-- " I hope that as centuries roll on, and scientific knowledge throws more and more light, upon the various pains and diseases, wherewith poor humanity is beset, the studies pursued in this college and in our western colleges following their several lines of developement may find themselves drawing closer and closer together in the region of ultimate truth.

PRELIMINARY GENERAL QUALIFICATION.

The lowest qualification for admission shall be the standard of the oriental Title examination of the Madras University, or the S.S.L.C. or anything which the Advisory Board considers equivalent thereto, provided that, in case of candidates who have not received their training in any approved institution of General Education, admission may be made on the results of an entrance examination or in any other manner that may be considered satisfactory.

MEDIUM OF INSTRUCTION.

We are at one with the framers of the Report of the Madras Committee on the Indigenous system of Medicine in their recommendation that vernacular should be the medium of instruction and that a working knowledge of English is desirable for all entrants to the school.

ACCESSORIES OF THE SCHOOL.

## ACCESSORIES OF THE SCHOOL.

A Dissection room, Museum, a Laboratory, a Harbarium, a Library and a Hospital will, of course, be the necessary parts of the school. We earnestly hope that the starting of this school will make for the unearthing and publication of rare and valuable manuscripts on Indian Medicine that a little diligent search is sure to bring to light. We consider that the conservation, collation and editing of the valuable portions of these manuscripts and of information about valuable secret remedies and other methods of treatment which may become known or be revealed to them from time to time, should form one of the important duties of the staff of this school. This is a work whose immense value to science and humanity can never be exaggerated.

## COST.

(A) The School.

According to a scheme approved by the Government of Mysore in 1919, it was proposed that the staff of the State Ayurvedic College should consist of the following:-

(1) A Principal (To be versed in Western Medicine as well as Ayurveda)

(2) A Lecturer for teaching subjects of Western science (Anatomy, Physiology etc.,)--(To be the holder of a degree in western medicine)

(3) Five Pandits (To be versed in Ayurveda)

(4) Two Demonstrators (To be holders of Sub-Asst. Surgeon qualification)

(5) In answer to a question at the last December session of the Madras Legislative Council, the Hon.the Chief Minister stated that he had made tentative proposals for a school of Indian Medicine, the staff of which was to consist of the following:-

(1) A Principal(To be a western trained Medical graduate who has also specialised in Indian Medicine)

(2) Three Lecturers, one for Ayurveda, one for Siddha, and one for Unani (to be an expert each in his own line)

It appears to us, however, that, to cope with the ~~syllabus~~ syllabus we have outlined in the earlier part of this report the addition of another Lecturer, to teach subjects of Western science like Anatomy, Physiology etc. is necessary, so that the cost of the scheme under staff would be as under:-

(1) A Principal-- ( on the grade of a provincial Civil Surgeon ) Rs. 500/- per month.

(2) Three Lecturers. One for Ayurveda, one for Siddha and one for Unani (on the grade of an Assistant surgeon) -- Rs. 200/- per month or Rs. 600/- a month for all.

(3) One Lecturer for teaching subjects of western science (on the grade of an Assistant Surgeon) i.e. Rs. 200/- a month.

(4) Clerk, Peons, Attendants etc. Rs.150/- a month.

Total Rs. 1450/- a month or 17,400/- a year.

(B) Building equipment and other contingencies (School and Dispensary)

| | | |
|---|---|---|
| Rent (at about Rs.200/- a month) .. .. | Rs. 2400 | a year. |
| Books, Appliances, Tools etc. .. .. | ,, 1500 | a year. |
| Furniture. .. .. .. ... .. .. | ,, 2000 | a year. |
| Cost of Medicines for Dispensary. .. .. | ,, 5000 | a year. |
| Three compounders at Rs.35/- each per month. | ,, 1260 | a year. |
| Miscellaneous (Postage, Office expenses etc. | ,, 400 | a year. |
| | 12560 | a year. |
| Total of A & B. .. .. | Rs. 29960 | a year. |

In round figures, we estimate that a minimum provision of Rs. ~~30~~ 30,000/- is required for the first year.

CONTROL.

We recommend that a committee (The Medical Education Committee of the Indian Medical Association referred to in the earlier part of this report) should be constituted as an Advisory Board to advice Government on all matters relating to standards of teaching, curricula and other technical matters relating to the school. We also wish to add that the Association will be quite prepared to undertake this responsibility.

The only other point that now remains for us to consider is whether, instead of the starting of a Government School or College, scholarships may be given in certain existing institutions. We do not recommend the latter alternative in view of the fact that adequate training such as the one we have outlined above cannot be given in these institutions, as they have no Hospitals, Dissection rooms etc attached to them. The present need can, under existing conditions, be best met only by the establishment of at least one model school by the Government, to the standard of which, private schools should be helped to rise by voting them suitable grants and affording them all possible facilities in the Anatomical and other departments of the Government school. Moreover, while the Government can establish at once a satisfactory course of training-- theoretical, practical and clinical-- in its own school, to serve as a model for private schools to follow, it would take some good time before private schools succed in achieving the same.

The ancient system of " Tols" where the pupils approached experienced Gurus for being trained, and if accepted, lived more or less as part of the family of the Guru, admirable as it undoubtedly proved to be during those times has now become unworkable and largely fallen into disuse in this Presidency, except perhaps in certain remote parts of the interior. Changing times require changed institutions and the efforts of private agencies to meet the needs of the situation have not been so far successful in the direction of giving a satisfactory training in Indian Medicine to the numerous students that seek it. The result is that, taking advantage of the great popularity which Indian systems still enjoy in this country, due largely to the undeniable successes of the real experts (who are unfortunately few and far between) a large number of quacks have sprung up all over the country and blatant quackery has become blatant everywhere In our view, the best way of meeting this dangerous

dangerous situation is viz. the establishment of a model Government school where students can receive adequate training and secondly the adoption of a suitable system of Registration for controlling quackery. We are also convinced that the mere fact of such an institution being established under Government auspices will serve to confer a great prestige on other institutions working under private auspices thereby enabling them to become efficient centres of Medical Education in healthy rivalry with the Government institute; and considering the fact that even now, when there is no State recognition accorded to the training given in the existing schools, the number of candidates seeking admission at these centres is so large that a number of them have to be denied admission every year, the opening of the proposed Government school is clearly a matter of urgent necessity.

(Sd) Md. Usman. (Chairman)
(,,) U. Rama Rao.
,, M. Duraisawmy.
,, R. Baratha Sastry.
,, T.R.Ethirajalu Naidu.
,, C.S.Murugesa Mudaliar.
,, A. Krishnaswami Iyer.
,, M. Subramania Iyer.
,, N. Ramanatha Sastry,
,, Pandit C.T.Arumugam Pillay.
,, Syed Makhdoom Ashroff.
,, A. Lakshmipathi.
,, G. Srinivasamurti, (Secretary)

SUBJECT .....

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Diary No. of letter replied to.. 1030

General and Revenue Secretariat
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Date of issue. 5/4/25

Signed by.....

List of enclosures.....

Copied by.....

Examined by. ...

Section
File No.
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No. Serial No. 1515 9

~~To~~

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Sir,

I am directed to acknowledge with thanks, the ~~the~~ papers relating to the scheme for a Students' Hostel at Calcutta (at Patna) received with your letter dated the 23rd March 1925 addressed to the Secretary Labour. The question of the payment of ~~the~~ expenses of students in England is engaging the attention of the Government of India and a reply will be sent in due course.

I have the honour to be,
Sir,
Your most obedient servant,

over



Major ~~Dr~~. H. Suhrawardy, M.A.C. A.U.S.
Pres. L.M.F.C.

173730

Government of Bengal

Local Self-Government Department

Medical Branch

# Report on the Working of the Tibbi Committee and a Scheme for the Revival and Development of the Unani System of Medicine

CALCUTTA.
Bengal Government Press
1925.

**For official use only.**

Government of Bengal

Local Self-Government Department

Medical Branch

# Report on the orking of the Tibbi Committee nd a Scheme for the Revival and Development of the Unani System of Medicine

CALCUTTA:
Bengal Government Press
1925.

FROM

MAJOR HASSAN SUHRAWARDY, M.D., F.R.C.S.I., M.L.C.,

*Deputy President, Bengal Legislative Council,*
*Honorary Secretary, Tibbi Committee, Bengal,*

To

THE SECRETARY TO THE GOVERNMENT OF BENGAL,
MEDICAL DEPARTMENT.

TUNDLÀ JUNCTION, E. I. RAILWAY ;
*5th December 1924.*

SIR,

I beg to submit my report on the work of the Tibbi Committee appointed by Government of Bengal under notification No. 2413, dated 21st August 1921, together with a scheme for the revival and development of the Tibbi system of medicine in Bengal.

This completes my work in connection with this Committee, but I shall be very glad to supply any information required by Government, and correct the proof sheets of the report when it goes to the printer's hands.

I have the honour to be,

SIR,

Your most obedient servant,

H. SUHRAWARDY,

*Deputy President, Bengal Legislative Council,*
*Honorary Secretary, Tibbi Committee, Bengal.*

## Synopsis of Contents.

*Chapter I.*—Government notification constituting the committee. The terms of reference, personnel, methods adopted for ensuring economy, difficulties in eliciting information, distrust and conservatism. Tour in Northern India. Introductory remarks.

*Chapter II.*—Does the Tibbi system deserve revival and development? Its value in giving medical relief and establishing cure; importance of knowledge, and experience of the country; its men; their diets and habits. Need for helpful co-operation of different systems; opinions of Sir Pardey Lukis and Sir Malcolm Hailey. Remarks on the origin and development of the Tibbi system, with the rise of Muslim power. The mutual influence of Ayurvedic, Græcian, Tibbi and Allopathic systems of medicine.

*Chapter III.*—The present position of the Tibbi system in Bengal. The causes of decay. The possibility of reviving it. Special facilities to be utilised. Survey of existing occupations for "Moulvis" and Arabic students. Scheme for reviving the Tibbi system offers better chances for a decent living.

*Chapter IV.*—Nine points necessary for success of scheme for a modern Tibbi School. State Tibbi Medical Faculty and Council of Medical Registration: Diplomas of Tabib-i-alim and Tabib-i-kamil Tibbi system of therapeutics, Pharmacy and treatment to remain uninterfered with. Modernising necessary but without reforming out of recognition: standardisation of drugs, centres for establishing schools: Dacca and Calcutta: two departments based on medium of instruction. Useful and essentially practical training necessary: out-patients' department for clinical instruction. Suggestions for encouraging Tibbi studies by Arabic students. Award special Tibbi scholarship to Arabic Madrassa student to encourage Tibbi study, make it compulsory in the last two years if necessary. Joint arrangement with Government Medical Schools for demonstrators on Anatomy and Midwifery of normal cases.

Different but simultaneous courses: (1) Modern Tibbi Schools, Dacca and Calcutta; (2) Bound scholars for Delhi and Lucknow Tibbi institutions. (3) Bond for serving in a Rural Medical Service or as subsidised Tibbi practitioners under District and Local Boards: (4) Post-Graduate work. Advantages of teaching modern subjects and of including First Aid in accidents and sudden illness and Home Nursing in the curriculum.

*Chapter V.*—Forecast of probable minimum expenditure for a cheap modern Tibbi School. Suggested curriculum for a three years course of study.

Capital Rs. 5,000. Recurring Rs. 78,000. Details of expenditure; output of 150 qualified Tabibs per annum, fifty of these are bound Tabibs to practise in rural areas, and one hundred from the Tibbi Schools may also do so. Increased number helps rural practice, *vide* Appendix B.

Cost of sending 50 bound scholars to Delhi and Lucknow.

Cost of post-graduate work for six selected modern Tabibs.

*Chapter VI.*—Notes by different members.

*The Committee's Report on the revival and development of the Tibbi System—Page 23.*

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(B[1]) Suggestions incorporated in the above scheme for inaugurating *Rural Medical Service* and other methods of encouraging rural medical practice. (Report of Medical Schools Committee, 1921).

(C) Statement of expenditure by the Committee and of tour in Northern India.

(D) List of books available in Urdu for study by Tibbi students.

## REPORT ON THE WORK OF THE TIBBI COMMITTEE.

In pursuance of an amendment moved by me and passed by the Bengal Legislative Council on 14th July 1921, the Hon'ble Sir Surendra Nath Banerjea, Minister-in-charge of the Medical Department, appointed the Tibbi Committee, by Government notification No. 2413, dated 21st August 1921.

The terms of reference were :—

"To consider and report, after taking such evidence as may be thought necessary, what practical steps can be taken for the restoration and development of the Unani or Tibbi system of treatment with special attention to the question of teaching of the Tibbi system with any necessary modification after proper supervision."

The personnel of the Committee was as follows :—

**President :**

1. The Hon'ble Nawab Syed Nawab Ali Chowdhury, Khan Bahadur, C.I.E.

**Secretary :**

2. Major Hassan Suhrawardy, M.L.C., M.D., F.R.C.S., L.M., F.C.U.

**Members :**

3. Major R. N. Chopra, M.A., M.D., I.M.S., Professor of Pharmacology, School of Tropical Medicine.
4. Dr. M. E. Sufi, B.A., L.R.C.P, and S., D.P.H., Assistant Director of Public Health, Bengal.
5. Huseyn Shaheed Suhrawardy, Esq., M.L.C., M.A , B.Sc., B.C.L., Bar.-at-Law.
6. Hakim Syed Mohammad Shappir Sahib.
7. Rai Bahadur Dr. Haridhan Dutt, M.L.C., L.M.S.
8. S. Mahboob Ali, Esq., M.L.C.
9. Maulvi Yakuinuddin Ahmad, M.L.C., B L.
10. Agha Mohammad Kazim Shirazi, F.C.U.
11. Shifa-ul-Mulk Hakim Abdur Rashid Khan, Khan Bahadur.
12. Hakim Habibur Rahman Sahib.
13. Syed Shah Emdadul Haq Sahib, M.L.C.
14. A. F. M. Abdul Ali, Esq., M.A., Assistant Secretary to the Government of India and Keeper of Imperial Records.

On account of financial stringency I was asked to keep down the expenses as far as possible ; I therefore elicited opinion by correspondence, and I did not invite any witness to come and give evidence before the Committee, nor did I convene regular meetings of the Committee unless it became very necessary. In this way I avoided the expenses which would have been incurred on account of travelling and halting allowances. For the same reasons I did my best to arrange meetings during a Council session as all the mufassil members of the Committee except one were members of the Bengal Legislative Council. Altogether four such meetings were held. (For statement of expenditure, *vide* Appendix C.)

with the help of my friend, Major R. N. Chopra, M.D., I.M.S., Professor of Pharmacology in the School of Tropical Medicine, Calcutta (Appendix A). These were printed in the Bengal Secretariat Press and sent to 272 Hakims of standing all over the country and to those who were members of the All-India Tibbi Conference. I am indebted to the eminent physician, Haziq-ul-Mulk Hafiz Hakim Ajmal Khan of Delhi who invariably extended to me his courtesy and assistance in spite of his time being so fully occupied. He also very kindly supplied me with a list of names of known practitioners of the Tibbi system of medicine throughout northern and southern India. Sets of questions were sent to these gentlemen also. The response, I regret to say, was very feeble and tardy ; very few answered the enquiries even after reminders, and thus the information received through this source is so meagre and inadequate as to be negligible. It was therefore decided at a Committee meeting in April 1923 that the details of the present day system of teaching of the Tibbi School of Medicine should be ascertained by me by visiting different centres, and the Committee accepted my suggestion of inviting Hakim Habibur Rahman of Dacca, a Tibbi practitioner of standing and member of the Committee, to accompany me. I desire to acknowledge with thanks the assistance I have received from this gentleman.

During March 1924 we visited the Tibbi College of Delhi, Takmil-ut-Tibb Institution of Lucknow, Zubdatul Hukama and Hakim Haziq classes of Islamia College in Lahore. In Delhi and Lahore there are two sets of classes, one in Urdu and one in Arabic. In Lucknow they have only the Arabic classes. In Delhi and Lucknow the course of study is spread over four years, and at Lahore over two years and-a half.

We are grateful to the authorities of these institutions for according to us every facility for watching the mode of instructions during class hours, and of visiting the Hospitals and observing their methods of teaching and of giving medical relief. At the Lucknow institution we found the Hakim particularly anxious to render all possible help to the cause.

I thank Government for giving me a good deal of freedom to act on my own initiative and to convene and preside over the meetings in the absence of the President, whenever I thought necessary.

I very much regret to record the death of one of our most helpful members, Hakim Syed Mohammad Shappir. He was one of the few Hakims who had taken the trouble of attending a Medical School to learn Anatomy and Physiology, and I would have received a good deal of help from him, and I desire to express my sense of loss by his sudden death.

I had originally intended to submit an *interim* report in time for Government to consider the recommendations and if approved, to allot money in the Budget Estimate of 1924-25. This I could not manage as I had to go through a trying election contest at the end of 1923, and immediately afterwards I got occupied in Council work which on account of the unsettled political atmosphere required daily attendance. My tour in Northern India was thus delayed till March 1924. Early in April I had to leave Bengal unexpectedly and take up my residence in the United Provinces which also led to the report being held up further.

I have taken such steps as were feasible under the circumstances to get first-hand information which according to the terms of our reference

might have been obtained from evidence written or oral, had funds permitted and the desire to help the cause been generally apparent in the Tibbi practitioners. I am afraid our genuine efforts to restore and to develop the Tibbi system on modern lines is looked upon by them with suspicion. I must admit there are Tabibs who are ready to adapt themselves to modern conditions once they are satisfied that the Unani system in its essence is not going to be interfered with.

Thus many really educated Tabibs are willing to use the thermometer and the stethoscope in addition to the use of their trained fingers for feeling temperature and the pulse and to supplement the physical examination of urine and sputum by sight with the modern Chemical, Bacteriological and Microscopic methods of diagnosis or to learn Anatomy, Physiology, Bacteriology, Hygiene and even Surgery and Midwifery on modern lines.

Efforts in these directions are apparent in the Tibbi College of Delhi under the direct control of the famous Tabib Hakim Ajmal Khan, and also in the Takmil-ut-Tibb School at Lucknow in charge of Hakim Muhammad Abdul Hamid Sahib. I was very pleased to find a dissection room built on modern lines for teaching Anatomy in the Tibbia College, and a popular eye department and operation room in the Takmil-ut-Tibb institution.

I desire to emphasise that a working knowledge of general Anatomy and Physiology is essential to build up one's knowledge of medicine and therapeutics, no matter whether the actual method of treatment is Unani or Ayurvedic, or any other system ancient or modern.

The Tibbi system has been brought into disrepute by persons who without any training and experience of any kind or sort have got hold of a few recipes and have sat down to practise the system for want of any other vocation at their command. I remember an old Hakim of this type asserting vehemently that he could observe streaks of the juice of *pan* going down the front part of the throat of a fair girl whenever she chewed *pan* leaves. He was sure a fair skin was translucent and that the liquid passed through the front of the throat. What every junior student of Anatomy knows to be the wind pipe for breathing but not the channel for liquids to go down, was considered by this Hakim to be the food pipe. We must do our best to put down the number of this class of men who make capital of the patriotism of the people and prey on their credulity.

## CHAPTER II.

Now let us consider whether the Tibbi system is worthy of Government patronage and for the representatives of the people of Bengal to vote money for its restoration and development. Conflicting views were heard on the subject during the debate in the Council Chamber, and I have been asked to discuss specially the question of the mutual influence of the Tibbi and other systems of medicine such as the Ayurvedic and the Allopathic systems. There is no doubt that the East has been the cradle of science and art, and India the Home of the Ayurvedic system of medicine. The Hindus assert that the Ayurvedic system is the foundation of the medical science generally, and had among its disciples no less a man than Hippocrates, and that from Greece the knowledge travelled to the great centres of Muslim learning, and therefore the Tibbi system is based on the Ayurvedic. To do justice to this fascinating subject a good

pages I therefore propose to touch very briefly on the origin and development of the Tibbi system of medicine and its influence on the English or the Allopathic system.

As an Indian I am proud of the deeds of my Aryan compatriots in the domain of Science and Art in ancient times. As a Muslim I am equally thrilled at the wonderful achievements of my Semetic ancestors, with whom, like the sun, the light of knowledge and learning travelled from the East to the West and who during the Middle Ages held aloft the torch of civilisation while Europe was sunk in almost primitive darkness. In my attempt to get at the truth I have tried my best not to allow my Muslim bias or my Indian prejudice to blur my perspective.

I might at once say that I do not belong to that group of my countrymen who believe that the knowledge of medicine, surgery and midwifery was not only known but was possessed in a highly developed state by the ancient Vaids and Tabibs and that we in more modern times have done very little to advance them. In my humble opinion the science and art of Surgery and Midwifery were certainly known to the Vaids and Hakims and practised by them to a certain extent specially by the latter class of physicians, but on the whole they did not strive to develop them to the extent they developed the purely medical side of the science. Can any student of Anatomy now believe in a heart of ten ducts mentioned in Charaka? One finds even the Indian Muslim Hakims, who according to their own religion should have no caste prejudice and prejudice of non-touchability, relegating the practice of Surgery to barbers and of Midwifery to Kabilas or low-caste women *dhais*. They under the influence of their Hindu neighbours considered contact with pus and blood and the work of an accouchier to be degrading for a person practising such a noble profession as that of a physician.

I must also admit that I do not belong to that class of medical men who on account of their western education or European training taboo the Tibbi and other old systems of medicine as unscientific, and fit to be practised only by charlatans who prey on the credulity of the people. Some members holding diplomas and degrees from Allopathic institutions, go so far as to refuse to meet practitioners of other systems of medical science in consultation and thus, I am afraid, lose much of what would have been a valuable gain to the science and art of medicine, for the alleviation of pain and suffering of mankind. A free exchange of thought between experienced persons who pursue different methods but with the same object is bound to lead to profitable results.

Take, for instance, the comparatively recent method of organo-theraphy by the allopaths which has been largely used by the Tabibs from ancient times.

I do not agree with people who assert that the indigenous system of treatment is entirely empirical. Then again what appears to be empirical or based only on the results of experience gained by the administration of certain drugs, and not on the knowledge of cause and effect, is proved in the light of more knowledge thrown on the subject by experiment and research a few years later to be an eminently rational method or otherwise. The administration of mercurials in syphilis is a case in point. Then again take, for instance, the case of ipecacuhana. The powdered root has been the sheet anchor of the Allopaths in the treatment of dysentery based on experience. Its violently nauseating properties were

considered a great drawback, hence the elegant pulv. Ipecac. Sine. (without) emetine came on the market. I personally used it about 20 years ago in the Medical College Hospital in Calcutta under the guidance of Sir Leonard Rogers, who later on, as a result of his research and experiment proved that it was emetine that had the real curative property on account of its action on the amœba, the cause of dysentery and inflammation of liver which ended in liver abscess. The rational use of emetine has as we now know revolutionised the treatment of dysentery and consequent incidence of inflammation of the liver, and brought about marvellous results. Can any one man or even any one system of treatment claim to have unravelled all the mysteries of nature and to possess all the wisdom of the world ? We cannot progress unless we are imperfect. Imperfection such as we see is a relative term being only a question of degree.

The good old Bel, Isafghul (Ispaghul), Nim and Chireta of our country have established their value in the field of therapeutics and Extractum Balae Liquidum, Mucilago Isafghule, and preparations of Nim and Chireta are to-day used for the same purpose for which the Hakims have used them for centuries. Can any reasonable man with experience of treatment in the East deny the efficacy of these drugs and of dozens of others used by indigenous practitioners ? The incorporation and scientific use of these might make our Allopathic system richer and better. The European adapts himself to the altered climatic condition as soon as he arrives east of the Suez. His warm tweed suit is discarded for that of silk and tussorette, and the felt hat exchanged for a Sola Topee. The more experienced and careful amongst them cut down their meat diet and alchoholic drinks, specially during the hot summer months. Is it not reasonable to expect that during sickness the treatment and diet should also be adapted to a certain extent to the altered physical conditions and that we should not rigidly hold on to the data based on experience gained by experiment in Europe and America alone ? Experience has taught us that even the ignorant natives of a country know what is good or bad for them more than the theoretical scientist.

The Ayurvedic and Tibbi systems are based on long experience.gained by treatment in this country, and their medicines in some cases seem to be more suited to the temperament of the people. Certainly their knowledge of diet and dietetics suitable for the country should be given every consideration. *Ilaj-ba-Ghiza* (treatment by diet) is well recognised by the Tabibs and the properties of different vegetable and animal foods are well known and given great importance. These should not be neglected by us.

The late Director-General of the Indian Medical Service, the Hon'ble General Sir Pardey Lukis, K.C.S.I., once declared publicly :—

"Personally if I were ill I say frankly that I would prefer to be treated by a good Vaid or Hakim rather than by a bad Doctor. I resent strongly that spirit of medical trade unionism which leads many doctors to stigmatise all Vaids and Hakims as quacks and charlatans, and I shall always be proud of the fact that I was privileged to have the friendship of such learned men as the late Nawab Shifa-ud-daula of Fyzabad and Kaviraj Bijay Ratna Sen of Calcutta". The broad-minded principles enunciated by such a distinguished member of the medical profession of the allopathic system is well worthy of serious consideration. I think that it is our primary duty to foster and advance the progress of both the

sing quackery. ave t e ig au ori y o is xce en y ir Hailey who spoke to me of the personal knowledge he had of the benefits derived from the Tibbi system. He believed in co-operation, in a spirit of mutual helpfulness, of the Tibbi and Allopathic systems so that they may march forward upon the path of progress for relieving pain and suffering of man more successfully, rather than by working in rivalry or in isolation injure both. It is perhaps not generally known that the Tibbi College at Delhi owes a great deal of its success to Government help, in its establishment and development due to the broad-minded sympathy of Sir Malcolm Hailey. I trust Europeans and practitioners of the Western system of medicine in the Presidency of Bengal will follow the lead given by an experienced and distinguished member of one of the greatest public services in the world.

Now let us consider the question of the origin and mutual influence of the Ayurvedic, Græcian, Tibbi and the Allopathic systems.

The ardour and enthusiasm which the faith of Islam inspired in the hearts of its followers were utilised by the immediate successors of the great Prophet of Arabia to wild the Muslims into a dynamic force which soon made its power felt throughout the length and breadth of the civilised world. The Muslims became the most important factor in the world within one century of the Hijira. It was not long after that the voice of the Muezzin reverberated from the pillars of Hercules in the West to the great wall of China in the East. Besides their success in physical prowess and military achievements, the Muslims became famous as great patrons of learning and promoters of Science and Art, and the noble art of healing thus received from them its just and legitimate share of attention. In all centres of Muslim power and influence we read of the establishment of schools of medicine with attached hospitals and dispensaries. Indeed one's education was not considered to be complete wit out a study of Tibb. *Ilm-i-Tibb* still forms a part of the curriculum in the University of Al-Azhar in Cairo and similarly formed a compulsory portion of studies in the seats of learning in India till quite recent times (its revival with necessary modification to meet the requirements of modern times is suggested later on page 12). The Caliphs of Bagdad got books on Ayurvedic medicine translated from Sanskrit into Arabic, and by importing Indian physicians to their Court, came into touch with the Vedic system of medicine. The Arab conquest of Sind and their commercial relations with different Hindu countries brought them into still closer touch with the Ayurvedic system of medicine. The names of *Charaka and Shusruta* appear in the Latin translations of Avicenna and Rhazes, and it has been held by several Hindu writers of late that this is a proof of the Tibbi system being based on the Ayurvedic. I am afraid the conclusion is rash as it only proves that the Arabian physician knew of the Ayurvedic system of treatment and of its efficacy in affording medical relief. I cannot conceive the Arabian writers not giving their just due to the Hindu physicians for what they might have learnt from them. The Arabs were a highly truthful and generous people and have always acknowledged what they owed to other nations for the advancement of their knowledge in Science and Art. For instance, we find the Arabs call the science of Mathematics *Hindisa* in recognition of their knowledge in this branch of science having been chiefly derived from Hind (India). And they never changed the designation although their own valuable contributions to and development of one

of its branches, *Al-jabrata-wal-Mukabala*, has given the name of Algebra to that branch of modern mathematics. Similarly the Tibbi system of medicine is called by the Arabs the Unani system in grateful acknowledgment of the knowledge received from Greek (Unani) sources. The Aristotlean dialect as interpreted by the Arabs reigned supreme in the medical world from the twelfth century onward but at no time did the Arabs allow the name of the originators to be forgotten. Although the Muslims infused a new life and character into the system they yet continued to call it the Tibb-i-Unani.

Then again we find that the Muslims had conquered a large portion of the Eastern Roman Empire within a few years of the death of the Prophet and thus came early in touch with Roman civilisation which in its turn had already largely felt the civilising influence of the Greeks. History only repeated itself when the conquering Arabs succumbed to the superior culture of the Greeks and derived benefit to the fullest extent from Aristotle (Aristatalis), Hippocrates (Buqrat), Galen (Jalinus) and others. The Tibbi system is almost entirely based on the Greek system, the influence of Ayurvedic, if any, being only indirect and extraneous.

In my opinion the Tibbi system of medicine as practised and propounded by the Muslim physicians in Europe is the bed-rock on which the modern Allopathic system of medicine is based. As a proof one has only to look to the similarity in the methods of treatment, in the modes and channels of administration of drugs, the physical examination of pulses, ongue, urine, sputum, excreta, etc., and the pharmaceutical preparations.

A marked similarity can be seen in the following tables of preparations used by the practitioners of both the systems :—

| | | |
|---|---|---|
| Kushta. | * كشته | Oxida. |
| Raughan. | * روغن | Olea. |
| Marham. | * مرهم | Unquenta. |
| Zamad. | * ضماد | Pigmenta. |
| Kohl. | * كحل | Collyria. |
| Lauziat. | * لوزيات | Trochiscus (Lozenges). |
| Habb. | * حب | Pilula. |
| Sufoof. | * سفوف | Pulveris. |
| Araq. | * عرق | Aqua. |
| Joshanda. | * جوشانده | Decoctum. |
| Khaisanda. | * خيسانده | Infusion. |
| Lu'āb. | * لعاب | Musilege. |
| Rubb. | * رب | Extractum. |
| La'ook | * لعوق | Linctus. |
| Sikanjabin. | * سكنجبين | Onymella. |
| Ma'joon. | * معجون | Confectio |
| Murabba. | * مربي | Conserva. |

Arab medicine and surgery remained for centuries the ideal and the standard to work up to by European scholars.

During the ninth and tenth centuries A. D. Christian bishops and monks, sometimes themselves and sometimes through the agency of Jewish scholars translated the works of Muslim Doctors (Hakims) from Arabic into Latin for the benefit of the Christian scholars and medical

with them a large amount of first-hand knowledge of Saracenic Art and Science into Europe. Constantinus Africanus, a learned monk, translated Haly's (Ali Ibn Abbas d. *circa* 982 A.D.) "Royal Book", an encyclopædic treatise on medicine, and other standard works of reference into Latin in 1227 A.D.

Similarly Rhazes (Abu Bakr Ibn Zakaria al-Razi d. 923 or 932 A.D.) was rendered into Latin. This famous physician is credited to have for the first time described small-pox and measles accurately and is the author of an encyclopædia of medicine based on Hippocrates and Galen.

Mesua (Yahya Ibn Masuyah d. 243 A.H.) the senior who practised in Bagdad, and the junior who flourished in Damascus, and Joannitius (Hunayn Ibn Ishaq al-Ibadi d. *circa* 600 A.H.) are others whose works have been translated in to Latin and used as works of reference. Albucasis (Abu 'l-Qāsim al-Zahrāwi d. *circa* 1007 A.D.) is the author of an encyclopædic treatise the Latin translation of which remained a standard work on Surgery in Europe for centuries. He successfully brought different kinds of *Cassasir* (cathetirs) into use for evacuating the bladder.

Avicenna (Abu Ali Ibn Sina d. 1037 A.D.) the translation of whose systematic and comprehensive work named *Qānūn* (the Canons of Avicenna) was called the key to the door of knowledge and wisdom by the savants of Europe.

The first Materia Medica published by the Royal College of Surgeons in London during the reign of James I was based on De Simplicibus which is a translation of the work of Mesua the junior of Damascus.

## CHAPTER III.

I now propose to proceed at once to consider the present position of the Tibbi system in Bengal and the possibility of reviving and developing it in the Presidency with necessary modifications under proper supervision.

Certain causes have contributed to the decay of the Tibbi system in Bengal. First and foremost, Bengal is highly advanced in European education with a large number of British qualified Indian practitioners and a large number of fully qualified men from the two first class Medical Colleges and four Government Medical Schools in the province.

Secondly, there is hardly any other province in India where European education and European standard of living have made their influence felt more on the general population of the country than in Bengal. Consequently the Western methods of the medical science in its different branches have replaced the treatment by Vaids and Hakims except in some chronic cases. These facts coupled with the decay of Muslim influence and opulence have been largely responsible for the paucity of practising Hakims of high standing in any town in Bengal except a few in Calcutta who almost entirely administer to the needs of the settlers from the North-Western Provinces and occasionally of some Zamindars and *Raises* who come from different parts of the country for treatment of chronic and special complaints. One, however, has not to go back very far to find that several Tabibs of standing and repute flourished not long ago in this province. In fact one is surprised to find that two of the most popular books on the Tibbi system of medicine which are even now invariably read as standard works by Tabibs and Hakims were compiled by a Hakim of Bengal. They are *Karabadin-i-Kabir* written in 1183 Hijri and *Makhzanu l-Adwia*

written in 1185 a Hijri, 160-62 years ago by Hakim Mohammad Husain Khan 'Uquayli-al-'Alavi of the Durbar of Murshidabad. One may also mention the names of Hakim Mirza Kuchak, Hakim Masha-Allah Khan, father of the famous poet Insha-Allah Khan, Hakim Mirzai and Hakim Ashofta as well-known Hakims who flourished in Bengal.

During Muslim rule in Bengal Dacca and Murshidabad, the two capital towns of the province, were the chief centres of Unani treatment. With the decline of the Muslim rule in Bengal the Unani science for want of State patronage lost its importance and gradually deteriorated to its present condition. During the last few decades, however, Hakim Sayyid Qasim Ali of Lucknow, Hakim Mohammed Sajjad of Mohan and Hakim Ghulam Nabi Khan of Delhi (father of Shifa-ul-mulk, Hakim Abdur Rashid Khan, Khan Bahadur, one of the members of our Committee) practised in Calcutta and have to be given credit for maintaining the dying popularity and prestige of the Unani system of treatment. This temporary renaissance was largely due to the patronage accorded to the Tibbi system by the last King of Oudh, H. M. Wajid Ali Shah, who was kept as a State prisoner at Matiaburj, and by the descendants of Tippu Sultan of Mysore who lived at Tollygunge, both places in the suburbs of Calcutta. In this way in spite of its being a purely British city which grew with the decay of Muslim rule and influence, Unani Hakims of repute from Delhi and Lucknow were attracted to settle down to a lucrative practice in Calcutta and its environs, and have still got some hold on the public.

As already mentioned Western medicine has extended its wide arms all over the province of Bengal; nevertheless it is a notorious fact that qualified allopathic practitioners have not yet penetrated the vast rural areas of Bengal. The death rate is appalling in these parts specially from fevers and bowel complaints, and something must be done to extend cheap and yet fairly efficient medical aid to these people: consequently there is still a great field for useful work by Hakims, specially in the rural areas of Bengal.

Bengal has special facilities which can be utilised for the establishment of Tibbi school for providing rural practitioners. It is well known that a knowledge of Arabic is necessary to get at the books written by the great masters of the Tibbi system some of which like the famous *Qānūn* of Avicenna superseded even Hippocrates and Galen. Fortunately the study of Arabic is very popular in this province: there are few towns in Eastern Bengal where there is not at least one Madrassa for this purpose Even in the Madrassas of Delhi, Deoband, Rampur, and other seats of oriental learning in North-Western India the number of Bengali students is very large and outnumber those from any other single province. In the next place the teaching of Arabic in Bengal is under the direct control of Government, the chief institutions being either solely maintained by Government or by the grant-in-aid system or by the funds of the late Haji Mohammed Mohsin bequest administered by Government for Muslim education. It is therefore easy to arrange the teaching hours in order to allow a harmonious working in conjunction with the Tibbi classes suggested later on. As a result of the popularity of oriental studies the number of Maulavis in Bengal is very large, but there is hardly any other opening for such Maulavis except to serve as Arabic or Persian teachers in High English schools or as Marriage Registrars. The number of such appointments is known to be very limited and consequently a large number of the Maulavis have to depend for their

for. Many of our Arabic students come from the cultivating classes and have spent a good deal of money and time in order to improve their social status by being included in the *Bhadralog* class and are averse to return to the soil and prefer to work out a precarious living as religious teachers, and thus many fall an easy and willing tool in the hands of agitators to carry on propaganda work into the rural and suburban areas. If provision is made for attracting some of these unfortunate men while still young towards the study of Tibbi medicine they will not only be able to command the respect of their compatriots which they are so anxious to get, but also to earn a decent living by honest means and have the satisfaction of being able to remove the much-felt want of the villagers by affording medical relief from cheap herbs and roots of indigenous origin.

## CHAPTER IV.

The following nine points appear to me necessary in order to successfully work a scheme for establishing Tibbi school in Bengal according to the terms of our reference :—

(1) In order to give a status to, and maintain efficiency and popularity of, the Tibbi system, the maintenance and control of the institution should be vested in Government.

(2) The management of these institutions should be vested in a representative local committee with the Divisional Commissioner as the President and the Civil Surgeon of the district as the Vice-President, the Superintendent of the Tibbi school remaining the Secretary *ex officio*. It should be governed by a State Tibbi Medical Faculty, a special Board for which should be constituted in connection with the existing State Medical Faculty of Bengal.

(3) The medical certificates given to patients by diploma-holders of recognised Tibbi schools or Madrassas should be accepted by all Government and *quasi*-Government institutions, and a medical register for such practitioners should be established. On this register the names of well-known practising hakims of the old school should be entered in an appendix. Medical certificates issued by such practitioners should be entertained in the same way as those from the diploma-holders from our modern Tibbi schools. No registration fee should be charged from any one at least for some time to come, and the register should be revised annually and brought up to date. This like the Faculty should also (for reasons of economy) be connected with the existing Bengal Council of Medical Registration.

(4) Government diploma-holding allopathic practitioners should not refuse to meet registered Tabibs in consultation in order to help in establishing diagnosis and fixing a definite line of treatment. There should be no narrow-minded spirit of rivalry, but a desire to work in one's own sphere of usefulness and let the public by practical proof learn the relative value of the two systems of treatment.

(5) Special attention should be given to *modernising* the teaching of the Tibbi system in certain branches by imparting a working knowledge of general Anatomy, Physiology, Pathology, Surgery, Midwifery and diseases peculiar to women and children, Child-Welfare and Hygiene and general methods of diagnosis, Home Nursing, First Aid treatment in sudden illness and accidents.

(6) The storing of drugs under more sanitary conditions and in a way as not to allow the herbs and roots to deteriorate and become inert on account of climatic conditions.

(7) Modern appliances of pharmacy and of serving of medicine without making it too expensive for the poor.

(8) While serving prescriptions the *attars* (apothecaries of Unani medicine) have a custom of relying on the patients or their friends to pulverise (Koftun), sift (Bekhtan), and mix (Amekhtan), steeping in water (Sirishtan), etc., and of using them in the prescribed proportions. The patients or their friends are also required to obtain certain leaves and roots and express their juices for using it as a vehicle for administration of certain drugs—in short, they are expected to do the compounder's work themselves. These require a certain knowledge of collection and recognition of medical herbs, roots and leaves, and of weighing and mixing up of drugs as well as of the method of extraction of fresh juices. This is a great handicap as unlike in the North-Western Provinces of India this preliminary knowledge is non-extant in Bengal even amongst the literate section of the patients, and very few households are equipped with apothecaries' scales and weights. This drawback should therefore be overcome by ensuring that our modern *attarkhanas* (dispensaries) serve the medicines as far as possible ready for use.

(9) The principles and practice of medicine and treatment and pharmaceutical methods of preparation of drugs, etc., should remain the orthodox Unani system as propounded and practised by Shaikhul Rais Ibni, Sina, al Razi, Ibn-i-Rushd, Al Casis and other masters.

By the exercise of reasonable care one can ensure proper collection, preservation and sale of drugs in the way suggested and thus to some extent effect standardisation. But to do this accurately on modern lines of all drugs and preparations in common use by the Tibbi practitioners is not an easy task and will require an overhauling of their entire pharmacopœia. To do this a degree of technical and scientific knowledge is necessary—hardly to be expected in the class of practitioners we are aiming at. The Tibbi practitioners have got a system of dosage and toxicology which affords a reasonable safeguard to the patients, specially as in general practice they do not use oxides or concentrated extracts and essences of potent poisonous drugs, herbs and roots. Too much effort at modernising may, I am afraid, result in reforming them out of recognition and defeat our object of affording an opportunity to the indigenous systems of medicine of showing their efficacy in affording medical relief and establishing cure. The orthodox section of the Muslim community may also resent the mixture of alcohol even as a preservative necessary in concentrated preparations. Therefore I will leave the pharmaceutical preparations as they are in the Tibbi system and also not insist on rigid standardisation as exists in the allopathic system.

As regards the choice of *centres* at which a Tibbi school such as indicated above should be started, in my opinion, these should be in places where there is a large Muslim population and where there is a Madrassa for Oriental teaching. We should also see that the cost of living in these places is not too dear, and accommodation for residential quarters easily available. I think Dacca and Chittagong in Eastern Bengal and Hooghly in Western Bengal to be suitable centres to experiment upon. At each of

In my opinion the future rural practitioners s o by too much of urban luxuries and amenities of life in big cities which ruin their stamina and make them averse to going back and settling down in their own native villages. It is for this reason that in spite of other advantages, I have always been doubtful of Calcutta being a suitable centre for teaching, but Calcutta provides unique chances for obtaining clinical material; one cannot, therefore, leave Calcutta out of count as a centre to start an experimental Tibbi institution. I therefore recommend Calcutta as a centre.

In my opinion there should be two departments in our Tibbi schools; one in which the medium of instruction is Urdu, and the other in which the teaching, specially in the advanced branches of medicine and treatment, is in Arabic. This is also necessary for post-graduate research work and for tracing the development of the Tibbi system from its original sources. The modern branches are recommended to be taught in Urdu for both classes as modern elementary books on general Hygiene, Anatomy, Pathology and Bacteriology are likely to be got more easily in Urdu than in Arabic unless one goes in search for them outside India to places like Beirut or Cairo.

The teaching in Urdu ensures a cheap, easy and efficient training with the additional advantage that with the knowledge of Urdu one can get into touch with the rest of Muslim India through the medium of this recognised *lingua franca* of the East. The Tibbia College at Delhi has adopted the system of two divisions in their classes based on the medium of instructions.

In order to teach modern subjects Urdu-knowing medical men of the class of Government Sub-Assistant Surgeons and Assistant Surgeons should be employed and an allowance given to them to teach elementary general Anatomy, Physiology, etc., and modern methods of diagnosis and examination of urine, etc., and giving practical demonstrations on the cadaver.

For the present post-mortem bodies and unclaimed bodies from the Sadar hospitals and Jails will answer the requirement in centres where medical schools do not exist.

At Dacca and Calcutta there are Government medical schools where such demonstrations and teaching can be arranged easily by an executive order from the Surgeon-General. Students of the Campbell Medical School are taught some of their subjects in the Laboratory at the Calcutta Medical College. I do not see any great difficulty in the way of arranging demonstrations and teaching of certain subjects for the Tibbi students in the Government medical schools at Dacca or Calcutta.

In this connection I draw attention to the extract from my scheme submitted to Government for the establishment of more medical schools in Bengal (Appendix B) which contains the suggestion for employing teachers by subsidising medical practitioners. This may be modified by the Surgeon-General in order to answer the much simpler requirements of the Tibbi schools and the teachers and demonstrators of the existing Government Medical Schools utilised for the purpose by giving them a small allowance.

Practical training shall be given for the present only at an out-patients' dispensary (*Matabb* and *Attarkhana*) in charge of one or two Hakims attached to the school. Hospital with beds for in-door patients (*Shafa-khana*) are to be established as future needs develop with increased popularity of the institution.

The *course* of study should be spread over three years. Diploma-holders from Government Madrassas, also of private Oriental Madrassas, and also those who satisfy the authorities by possessing a requisite knowledge of Arabic and Urdu, should be considered to possess the necessary preliminary qualifications for being eligible for admission.

Students engaged in the last two years of their study for the final Madrassa examination should also be encouraged by the award of scholarships to attend the first and second year Tibbi classes and suitable arrangements should be made to allow of this conveniently by arranging the routine hours of work in the institutions concerned. Indeed I would like to see it made compulsory. Undivided attention should be given in the third year of study, in which the more advanced subjects will be taught and treatment of the sick required from the pupil. Only passed "Maulvis" therefore should be allowed to attend the third year or the senior Tibbi classes and then appear for the final diploma examination. I suggest that a diploma of *Tabib-i-Kamil* be given to those who pass from the Arabic department, and of *Tabib-i-Alim* to those who obtain the final diploma by studying through the medium of the Urdu language only. These diplomas should bear the seal of a State Tibbi Medical Faculty.

*Alim* implies knowledge on the part of the student, whereas *Kamil* suggests proficiency. The Arabic man will undoubtedly be better qualified than his confrère, who acquires his knowledge through the medium of Urdu, or it may be simpler to confer only one diploma, say *Tabib-i-Kamil* and grant an Honours certificate to those who have studied through the medium of the Arabic language in the way suggested above, the Honoursmen only being eligible for post-graduate scholarship and the conferment of the additional title of *Hakim-i-Haziq*.

Over and above the experiment of establishing modernised Tibbi schools in the centres suggested above there are two other suggestions which I think ought to be given a trial. The first is to select suitable students who have passed out of recognised Oriental Madrassas or have otherwise given satisfactory evidence of possessing the preliminary knowledge of Arabic and Urdu required for Tibbi students and award them scholarships and send them to Delhi and Lucknow for study in one of the schools which we visited on behalf of the Committee. This could be done at once and funds ear-marked for this purpose.

The second suggestion is to get the selected students for the award of scholarships to execute a bond so that on completing their education they bind themselves either to enter a rural medical service or to practise in the rural areas provided they are subsidised as rural practitioners by the District and Local Boards in the way suggested in Appendix B[1]. There seems to be no reason why the suggestion of sending students to institutions outside Bengal like the Tibbi College in Delhi or Lucknow should not be tried simultaneously with the establishment of Tibbi schools at Dacca and Calcutta. The scheme is very inexpensive. In a few years we shall be able to judge which is the more satisfactory and suitable method.

Besides a certain number of passed *Tabib-i-Kamil* diploma-holders should be awarded scholarships in order to enable them to proceed to Delhi, Lucknow and Calcutta for post-graduate work under well-known

e ıona ı e o *a im ı- azıq.*
Thus we may have a "*Hakim-i-Haziq-Tabib-i-Kamil.*"

In my speech during the Budget discussion this year while dealing with the question of the establishment of a Muhammadan Arts College I welcomed the founding of an institution which will give opportunities of education to a large number of Muhammadan students. I said we do recognise that our salvation lies through the door of education, but I also said: "I do not agree that an Arts College would be the type of institution which will go to relieve the poverty and remove the discontent and overcome the subordinate position in which the Muhammadans find themselves". I drew the attention of the Hon'ble Minister of Education to this fact, and requested him not to concentrate his attention on the establishment of an Arts College, but rather go forward for a College for the Muhammadans where they will be given technical, vocational and other scientific courses of training—there is no objection to having also an Arts section in it.

In this materialistic age culture and education for the sake of enlightenment, is at a discount, and can hardly be indulged in except by those in easy and opulent circumstances.

"Persian scholars are seen selling oil, behold what a turn Providence has taken!!" (*Parhen Farsi bechen tel, dekho yeh Qudrat ke khel*) is a saying which clearly supports what I have stated. It is a true denunciation against our wasting energy on purely cultural education. Unemployment and poverty are pressing harder on no other community *in Bengal than the unfortunate Muslim community, and every source for* giving relief should be tapped. I suggest that Government should create special scholarships and stipends for Muslim youths to enable them to go through a course of vocational education in all its branches. Also to reduce the number of "Mohsin" scholarships tenable in Arts Colleges for purely cultural education and divert them to vocational institutions and to the Dacca and Calcutta Madrassas for being awarded as Mohsin Tibbi scholarships to the students suggested above. The pursuit of Tibbi studies by our Arabic scholars is almost a command from the Great Prophet of Islam: "*Al-ilmu ilman ilm al-adyan wa ilm al-abdan.*" Blessed is the mind illuminated with the light of the knowledge of true religion and enlightened with the studies of God's highest creation, the human body.

The Hon'ble Minister-in-charge the next day very kindly referred to my speech and said: "It may be possible for us to provide instruction in Arts and at the same time to make some provision for technical education also. I find, Sir, in the speech which you (I as Deputy President was at the time of this speech occupying the chair) delivered on the budget yesterday you made certain suggestions regarding this college and also regarding female education. I need hardly say that I have the greatest regard for your opinion, and I will certainly give your suggestion my most serious consideration".

The Reforms have been suspended in Bengal. The portfolio of Education is no longer in the hands of a Minister; I understand it is in charge of a member on the reserved side of Government, and I am sure he will agree that the buildings of the proposed Islamia College

at Calcutta offer a splendid opportunity for housing a Tibbi department and thus providing suitable means for an additional means of vocational education for solving the bread problem of a large number of Muslim young men.

There seems a desire on the part of the public on patriotic grounds to restore and develop the indigenous systems of treatment. I look upon Government for generous support and help in the cause of development of the Tibbi system of medicine on both patriotic as well as economic grounds as its restoration in the way suggested in this scheme will incidentally solve the bread question for a large number of Muslims and also provide a set of the much-needed and useful rural medical practitioners.

In the concluding portion of his Council speech in this connection the veteran leader of Indian nationalism who has lived to see the inauguration of Responsible Government in India and to become the first Minister of Bengal under the Reforms Act,—the Hon'ble Sir Surendra Nath Banerji,—rightly observed that " Government are neither Homeopaths nor Allopaths nor upholders of the Ayurvedic or the Unani system ; they are advocates of truth of the healing art in all its phases and in all its aspects ".

I trust Government will extend a generous support and consideration to all practical schemes for combating diseases and decay in order that the great community entrusted to its care may grow in health and strength and the needs of medical relief may be fully met in the urban, suburban and the rural areas.

## CHAPTER V.

Before I proceed to suggest a definite course of study for the modern Tibbi practitioners I must again point out that in the suggestions contained in the foregoing pages as well as in the following table of curriculum my aim has throughout been to leave the orthodox Tibbi system of treatment uninterfered with. The leaven of modern teaching may look too much, but it is more apparent than real. The course of lectures in them is intended to be very simple and short. In none of the modern subjects there need be more than fifteen lectures, with ten demonstrations. The St. John's Ambulance Association lay down only six lectures in their certificate course although it covers quite an extensive ground. I trust we will all agree that the teaching of subjects like Anatomy, Physiology, Pathology, Midwifery, Hygiene, etc., on modern lines will open the minds of the students and help them to understand the *rationale* of treatment and causation of disease and also equip them for undertaking research work in the future. A course of instructions in First Aid in accidents and sudden illness and Home Nursing is included in the first year of studies with the object that even if a student does not continue his studies any further he will acquire a knowledge which will be most useful to him in any sphere of work in his after life.

If Government decide to establish Tibbi schools in the suggested forms and should there be need for it I am prepared to draw up a syllabus for a short and simple course of lectures on modern subjects. Much has been done in recent years to make suitable books available to students in Urdu. The present condition of the literature of the Tibbi system is quite adequate for purposes of teaching and reference by general practitioners of the system, *vide* list given in Appendix D

emen ary enera na omy with emonstrations on diagrams, bones, skeletons and models (modern).

(2) Materia Medica and Pharmacology with demonstrations of roots, herbs, leaves, drugs, etc., and their identification (Tibbi).

(3) Elementary General Botany, special simple syllabus (modern).

WINTER TERM.

(4) Elementary General Physiology (modern).

(5) Principles of First Aid in accidents and sudden illness and Home Nursing (St. John's Ambulance Association Standard) excepting stretcher drill which will be compulsory for those who want St. John's Ambulance Certificate (modern).

**Second Year.**

SUMMER TERM.

(1) Practical Pharmacy (Tibbi).

(2) Materia Medica, Pharmacology and Therapeutics (Tibbi).

(3) Examination of urine. The use of the Stethoscope, Thermometer, Urinometer, Lactometer, Ear Speculum, Nasal Speculum, Tongue Depresser (Unani methods and modern methods).

(4) Attendance at *Matabb* and *Attarkhana* (outdoor dispensary) and clinical lectures from Tabibs and work under senior students as dressers.

WINTER TERM.

(5) Practical Pharmacy (Tibbi with use of modern appliances such as pestle, mortars, phials, pill machines and serving out of medicines ready for use).

(6) Materia Medica, Pharmacology and Therapeu ics (Tibbi).

(7) Attendance at *Matabb* and *Attarkhana* (outdoor dispensary) and clinical lectures and work under senior students (Unani) and work as dressers.

(8) Attendance at a course of demonstrations in elementary Anatomy on the cadaver and preserved dissected specimen, dissection by students not compulsory (modern).

**Third Year.**

SUMMER TERM.

(1) Elementary Pathology and Bacteriology (specially simple syllabus), demonstration of examination of sputum for Tuberculosis, blood for malarial parasite, stools for worms, hookworm, Cholera and Dysentery.

(2) Elementary Hygiene and preventive medicine, specially simple course (modern). The Theory and Practice of vaccination (modern and Tibbi).

(3) Principles and Practice of Medicine and Therapeutics (Tibbi).

(4) Attendance at *Matabb*. *Attarkhana* and *Shifakhana* (outdoor dispensary and indoor hospital) and work as Clinical Clerks and write prescriptions under supervision of teachers (Tibbi).

WINTER TERM.

(5) Elementary Midwifery of normal cases and recognition of abnormal cases by palpation and external examination. Care of the expectant mother and the new-born infant, Infant feeding, Teething, and diseases peculiar to infants (modern methods—very simple course); Treatment by Tibbi methods and by modern methods.

(6) Minor Surgery and bandaging—very simple course (Tibbi as well as modern). The administration of anæsthetics and Chloroform (modern); Refraction and the use of spectacles; common diseases of eyes (modern and Tibbi).

(7) Practice of Medicine and Therapeutics with clinical instructions and Hospital and Dispensary work (Tibbi).

**Post-Graduate Work.**—Tibb-i-Unani approved course of studies for two years under a selected Hakim.

**N.B.**—The above scheme will require an initial capital expense of the modest sum of about Rs. 5,000 and a recurring monthly expenditure of about Rs. 2,000. The details are as follows :—

### Capital Expense.

(Approximately Rs. 5,000.)

| | Rs. |
|---|---|
| Two Microscopes with low and high powers at Rs. 250 each and one oil immersion lens Rs. 100 ... | 600 |
| Reagents, slides for normal and morbid histology, Microtome Stygmomanometer, Sphygmograph, Hamocytometer, Haemoglobinometer and Urine analysis apparatus ... ... ... | 400 |
| Materia Medica Museum specimens and apparatus and other requirements for teaching pharmacy ... | 600 |
| Anatomy, Models, Charts, Diagrams, Articulated Skeleton, Pelvis, Faecal Skull, Splints, Bandages, Books for library and for lending to students and for reference ... ... ... ... | 1,000 |
| Furniture for library, museum, office, lecture rooms, demonstration rooms, black boards, frame for hanging charts and diagrams, pointers, laboratory table, etc. ... ... ... ... | 2,000 |

*N B*—No capital expenditure is necessary for the teaching of Anatomy which should be arranged in the Local Government Medical Schools by the Teacher-in charge Country-made Anatomy clay models are most useful, and should be kept in the museum of the Tibbi School itself. The Government Medical Schools are fully equipped with their own materials for demonstration and teaching from which the Tibbi students should be taught

### Details of recurring Monthly Expenditure of Rs. 2,000 approximately.

1. House-rent Rs. 400 (Calcutta), Rs 250 (Dacca). (This should provide one office, one Superintendent's room, one Teachers' room, one room for library and museum, two rooms for lectures, one room for Materia Medica museum, one room for storing drugs one dispensary room and pharmacy class room.)

| | | |
|---|---|---|
| 2. | Superintendent's honorarium,— | |
| | Dacca ... ... ... ... | 250 |
| | Calcutta ... ... ... ... | 300 |
| | (The Superintendent will be a Tabib who will teach medicine, Therapeutics ,deliver clinical lectures at the out-patients' department, and do the Secretary's work for the school.) | |
| 3. | Tabib to teach Materia Medica and Pharmacology and Pharmacy and give clinical lectures at the outdoor patients' department ... .. | 150 |
| 4. | Tabib-in-charge of the Pharmacy will teach pharmaceutical methods and dispensary work ... | 100 |
| 5. | Head Attar ... ... ... ... | 50 |
| 6. | Assistant Attar ... ... ... ... | 30 |
| 7. | Two dispensary servants at Rs. 15 each ... ... | 30 |
| 8. | Dispensary expenses for distributing free medicines to the sick attending the out-patients' department ... ... ... ... | 250 |
| 9. | Honorarium to a medical man of the Sub-Assistant Surgeon class for teaching Anatomy, Physiology, minor Surgery and First Aid—Sub Assistant Surgeon of the Government Medical School. (Very elementary and simple course.) ... | 50 |
| 10. | Honorarium to a medical man of the Assistant Surgeon grade from the Government Medical School or a private practitioner to teach Midwifery, Hygiene, Pathology, the use of local and general anæsthetics, Refraction and the use of spectacles, glasses and common diseases of the eye : elementary Botany ... ... ... ... | 100 |
| 11. | Clerk and Librarian ... ... ... | 50 |
| 12. | School Bearer ... ... ... ... | 12 |
| 13. | Library „ ... ... ... ... | 12 |
| 14. | Office peon ... ... ... ... | 14 |
| 15. | Darwan ... ... ... ... | 14 |
| 16. | Sweepers at Rs. 12 each for dispensary and out-patients' department, one for school ... ... | 24 |
| 17. | Government Medical School Domes for assisting in the teaching of Anatomy, etc., Rs. 5 each ... | 10 |
| 18. | Stationery and miscellaneous expenses ... | 30 |
| 19. | Electric current charges or punkha coolies ... | 50 |
| | Total ... | 1,526 |

*N B*—If in future the institutions gain prosperity then a system of graded pay for members of the Teaching Staff as well as the Clerk and others might be introduced

### Cost of sending bound scholars for study in the United Provinces.

Expenses for sending students to Delhi and Lucknow giving them a scholarship of Rs. 30 each per month tenable for three years. For 50 students this will cost Rs. 1,500 per month in the first year, Rs. 3,000 in the second year and Rs. 4,500 per month in the third and each subsequent year, or Rs. 18,000 per annum in the first year, Rs. 36,000 per annum in the second year and Rs. 54,000 per annum in the third and each subsequent year, respectively.

### Cost of Post-Graduate Work.

1. Scholarship of Rs. 50 each per month to a *Tabib-i-Alim* or *Tabib-i-Kamil* for post-graduate work under the guidance of a renowned Tabib at Delhi, Lucknow and Calcutta. For six students average of 2 at each centre. The award of these scholarships to be made every alternate year to the best available students.

| | | | |
|---|---|---|---|
| For six students | ... | ... | Rs. 3,600 per annum. |

2. Honorarium of Rs. 500 per annum to each Tabib for supervising the work of a maximum of 6 post-graduate workers under him for twelve months :—

| | | | |
|---|---|---|---|
| For 3 Tabibs | ... | ... | Rs. 1,500 per annum. |
| Total | | ... | Rs. 5,100 |

*N.B.*—The scheme provides for at least 50 students to be annually sent outside Bengal as Bound Scholars and for 50 students to be admitted for training in the Tibbi Schools at Dacca and Calcutta The output of qualified Tabibs will in this way be 150 in number per annum. Total expenditure being Rs 6,500 per month or Rs. 78,000 per annum There does not seem to be any reason why this modest sum cannot at once be provided for As a matter of fact the expenditure will be less in the first two years

## CHAPTER VI.

### NOTES BY DIFFERENT MEMBERS.

### Honorary Secretary's note.

All the members are unanimous and have signed the report and scheme in token of approval excepting Dr. Haridhan Dutt.

Dr. Haridhan Dutt in his note of dissent does not make any suggestion, nor does he specifically go against any particular point. Major Chopra says he does not agree with all the views expressed in Chapters I, II, III and IV, but does not specifically point out which portions he disagrees with. He signs the report and agrees with three chief suggestions in the scheme.

Dr. Sufi in his note makes certain criticisms which are very welcome, but unfortunately he also does not give me much constructive suggestion. He wants a definition of "well-known" but he uses the term himself. By well-known Hakims of the old school is meant persons of established reputation in their own system of treatment. All such persons have for generations been trained from father to son in the Tibbi system of medicine.

Dr. Sufi wants more elucidation on the question of preliminary qualifications required from a Tibbi student. The qualifications need not be necessarily the possession of a diploma of having passed any particular

College from outside Bengal unless a suitable donation is received from the Government of the provinces from which the pupils come as is done for students of Bihar, Assam and Burma, etc., for study in the Medical College of Bengal.

Regarding the two diplomas of *Tabib-i-Alim* and *Tabib-i-Kamil* Dr. Sufi is not clear. I am afraid he does not realise that the scheme suggests that both the *Tabib-i-Alim* and *Tabib-i-Kamil* should be thoroughly trained persons, and should practise as Tabib. The only difference is that one studies the higher branches of the system through the medium of Arabic while the other through the medium of Urdu.

It has been suggested in the report that there need not be two diplomas based on the difference of the medium of instruction, the award of an Honours certificate only showing this difference.

Regarding the term "Hakim" I have advisedly avoided it because the term is also applied to persons possessing a knowledge of Science, Physiology, Divinity, etc., like the term "Doctor", and hence the term "Tabib" has been selected which means a physician or a medical man. *Hakim-i-Haziq* is adopted because this term points, or is used specifically to denote, an exceptionally good Tabib or physician.

Dr. Sufi apprehends that my suggestion of sending scholarship-holders from Bengal to Delhi and Lucknow will tend to make it appear that we are underrating the value of our own institution. This is not my object. My principal object is at once to make arrangements to send a certain number of promising students for the study of Tibbi system of medicine to already existing centres of teaching in Northern India. The establishment of a suggested school in Bengal and the appointment of suitable Hakims as Principals and Teachers will necessarily take some time, and meanwhile the province would be training a certain number of Tabibs ready to practise in the rural and urban areas of Bengal.

It will also give us an opportunity of comparing which school, Bengal or Delhi, is producing the better type of men.

Dr. Sufi says that for post-graduate teaching it will be necessary to send students to Delhi and Lucknow "till at least Bengal knows how to stand on its legs and to move onwards in Tibbi progress." This destroys his argument against sending students for study in the existing schools in Northern India.

Mr. A. F. M. Abdul Ali makes a good suggestion regarding the two diplomas and has given me much help, and I have incorporated his suggestion in the report.

Regarding text-books in Urdu, most probably the list of books given in Appendix D has escaped his notice. There is no doubt there is much room for improvement. I wish more constructive suggestions like Mr. Abdul Ali were given to help me.

Maulvi Yaquinuddin Ahmed of Dinajpur naturally wishes that Rajshahi should also be included as a centre for establishing a modern

Tibbi school. No doubt it should be so in the near future, but Chittagong is more ready to be a centre, if not simultaneously with Dacca and Calcutta, certainly at as early a date as possible. A medical school may be established there very soon

### Note by Dr. Haridhan Dutt, Rai Bahadur, about the Tibbi Committee's Report, dated 18th November 1924.

I regret I am unable to sign the draft report My knowledge about the Tibbi system of medicine is very much limited, and when I accepted a place in the Committee, I thought that discussions in the meeting of the Committee and information placed before us will enable us to arrive at right conclusions. About this I have been disappointed So far as I can make out from the papers before me the recommendations embodied in the report have originated from one source, and in the absence of the light of criticism or discussion I have failed to come to any conclusion.

### Note, dated 28th November 1924, by Major R. N. Chopra, I.M.S., Calcutta.

I cannot find myself in agreement with all your views expressed in Chapters I, II, III and IV of your report

I wish to say, however, that your idea (1) of creating special Tibbi scholarships for Arabic students of the Madrassas so as to encourage them to take up the study of Ilm-i-Tibb in conjunction with the Arabic Madrassa curriculum and (2) of diverting an adequate number of "Mohsin" scholarships to the Madrassas at Dacca and Calcutta for encouraging Tibbi studies seems to me to be very sound (3) I also agree that an inexpensive kind of modern Tibbi school in association with an out-patients' department and dispensary be started at Calcutta and Dacca

### Note by Dr. M. E. Sufi, L. R. C. P. & S., D P. H., 15th November 1924.

1 *Page 10, paragraph (3)*—It is desired that the names of well-known practising Hakims of the old school be entered in an appendix of the Medical Register and to have their medical certificates recognised I think it will be difficult or nearly impossible for the registering officer to pick out from amongst a whole host of the present practitioners of the old school including not an infinitesimal number of quacks, those who have really got the right to be thus registered, unless one could define the word "well-known", besides it will create invidious distinctions and lead to a great deal of friction I wish one could lay down a test to distinguish between *bonâ fide* practitioners as should rightly be granted this privilege and the so-called Hakims who are nothing better than quacks To my mind a certificate of having passed from a recognised Tibbi school in India or of having acquired the theory and practice of medicine at the *Matabb of a well-known Hakim* at Lucknow or Delhi or of any other important centre of Unani system can be the only test and those who cannot produce such a certificate should be debarred from being registered The same should apply to outsiders who may come later on to Bengal to establish themselves in practice

College require futher elucidation. Also provision should be made for a student wishing to join this College from outside Bengal.

Two diplomas have been suggested in the report, the one named *Tabib i-Alim* and the other *Tabib-i-Kamil*. I am afraid this will result in the abuse of the first diploma, since there is every likelihood of these T. A.'s setting themselves up as Hakims and starting in practice, the possession of the diploma enabling them to practise a fraud on the ignorant and illiterate public : won't it be legalised quackery ? To overcome this difficulty I propose only one diploma to be styled *Hakim* to be given on their completing their full three years' course, and on their passing the examination thereafter and another *Hakim-i-Haziq* after their success in a post-graduate study as suggested on page 13 of the report.

As regards the first suggestion, viz., of sending students to Delhi and Lucknow, I am afraid this procedure will tend to make it appear as if you underrate the value of your own institution. If you think that your College will be in any way inferior to that at Delhi or Lucknow, you can appoint efficient and well experienced teachers, but I would not have any one think that the proposed institutions are going to be less efficient in turning out a similar class of medical men than Delhi or Lucknow is able to do at present. Of course it requires time to complete. Post-graduate study of course stands on a different footing. Passed Bengal students will have to attend outside institutions for some time to come for post-graduate training till at least Bengal knows how to stand on its own legs and to move onwards in Tibbi progress.

**Copy of note by Mr. A. F. M. Abdul Ali, dated 4th December 1924.**

I have little to add to the admirable report drawn up by Major Hassan Suhrawardy. His scheme is the outcome of assiduous investigation and a thorough grasp of every aspect of the question. In writing this separate note my object is merely to emphasise the necessity of having suitable Text-Books in Urdu for the beginner. Existing works on the Unani system are hardly calculated to meet the requirements of the student who is going to be trained on modern lines. In the event of Major Suhrawardy's scheme being accepted by Government—and I hope it will be accepted—arrangements should be made in consultation with leading physicians in India for the writing of suitable text-books in Urdu for beginners.

Another thing in Major Suhrawardy's report to which I would refer is the Diploma proposed by him for successful students. He suggests that the Degree of *Tabib-i-Alim* may be given to those who pass from the Arabic Department, and of *Tabib-i-Kamil* to those who have studied through the medium of Urdu. I am of opinion that the order should

be reversed. The students from the Arabic Department should be styled *Tabib-i-Kamil*. *Alim* implies knowledge on the part of the student whereas *Kamil* suggests proficiency. And the Arabic-knowing man will undoubtedly be better qualified than his confrère who acquires his knowledge through a second-hand source.

## Committee's Report on the Scheme for the Revival and Development of the Tibbi System.

We have gone into the details of the scheme drawn up by Major Hassan Suhrawardy along with his report of the work of the Tibbi Committee. (1) We agree that an inexpensive kind of modern Tibbi School in association with an out-patients' department and dispensary be started for the present at Dacca and Calcutta, if not possible at other centres, and (2) also a number of selected students be sent to the Tibbi Colleges at Delhi and Lucknow, as Government scholars for study in the Colleges there. (3) We agree with suggestions that the Government of Bengal should create special Tibbi Scholarships for Arabic students of the Madrassas and encourage them to take up the study of Ilm-i-Tibb in conjunction with the Arabic Madrassa curriculum. (4) We also agree that an adequate number of "Mohsin" Scholarships be diverted to the Madrassas at Dacca and Calcutta for encouraging Tibbi studies as suggested in the scheme.

(5) We approve of the means suggested in the scheme for attracting Tibbi practitioners to practise in mufassil towns and rural areas (*a*) by offering special scholarships to students, or (*b*) granting a subsidy to rural practitioners or (*c*) creating a definite rural medical service and giving them definite appointments carrying suitable pay in it.

We recommend that the report be printed in the Bengal Secretariat Press, and a copy be sent to all members of the Committee, and to members of the Bengal Legislative Council, and to all persons, associations or bodies, whose co-operation might be helpful for the revival and development of the Tibbi system.

| | |
|---|---|
| Nawab Ali Chowdhury. | Yaqunuddin Ahmed. |
| Mahboob Ali. | Md. Ebrahim Sufi. |
| M. Kazim Shirazi. | Haridhan Dutt.* |
| Habibur Rahman. | R. N. Chopra * |
| A. F. M. Abdul Ali. | Huseyn Shaheed Suhrawardy. |

Signed subject to a note of dissent, *vide* Chapter VI, page 21

*N B*—No expression of opinion on the draft report and scheme could be obtained from Khan Bahadur Shifa-ul-mulk, Hakim Abdul Rashid Khan, and Syed Shah Emdadul Huq, M L C Several reminders were sent to each of these gentlemen and an answer awaited up to 30th November 1924

## APPENDIX A.

### Circular Letter.

The Committee desire to have the co-operation and help of all persons, associations or bodies interested in this question, with respect to the following points :—

(1) The present position of the system.
(2) Need for restoring and developing the system on scientific lines to suit present requirements, and the way in which it can be accomplished.
(3) Teaching institutions and hospitals required.
(4) General qualifications of students before commencing Tibbi study ; medium of instruction suited for Bengal ; period of study and course of instruction ; diplomas which may be granted.
(5) Present condition of literature and steps which can be taken for making it available to the students and practitioners in suitable form.
(6) Present status of Tibbi practitioners, its disadvantages, if any, and the remedies for the same ; whether "registration" is necessary.
(7) Steps to ensure proper preservation, collection and sale of drugs ; standardisation of preparations in common use.
(8) How the Government, Local Bodies, such as Municipalities, District Boards, Universities, State Medical Faculties and private enterprise, can help in developing the system

With a view to elucidate the different aspects of these points, the Committee have drawn up a questionnaire which they hope will prove useful to the witnesses.

If witnesses desire to state their views on any point relevant to the present inquiry, which is not covered by the enclosed questionnaire, it is requested that the Committee may be favoured with such views in a supplementary note.

These questions have been drawn up with the sole object of eliciting information, and it is hoped that a detailed reply will be sent to these, supported by arguments and wherever possible by statistics and facts and figures. It is earnestly requested that replies to this questionnaire may kindly be sent so as to reach the Honorary Secretary before the expiry of a month from the date of receipt

The Committee further desire to enquire if you are willing to appear before them to give further verbal information and evidence regarding your answers in case they decide on inviting witnesses to attend. If so, do you consider the usual travelling and halting allowances of a Member of the Legislative Council will be suitable ?

Replies and all communications are to be addressed to the undersigned at the School of Tropical Medicine, Central Avenue, Calcutta.

Yours faithfully,

HASSAN SUHRAWARDY,
*Honorary Secretary, Tibbi Committee.*

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### QUESTIONS.

1 What section of the Indian public take advantage of the Tibbi or Unani system of medicine ?

Please give figures from charitable or other institutions or from your personal experience.

Will adoption of the system facilitate medical aid-in general to the section of the population who are not getting it at present ?

2. How would you revive the system and restore it so as to adapt it to modern methods and requirements ?

Are you in favour of incorporating new discoveries based on scientific investigation into the system ?

3. What is the special field, if any, of Tibbi medicine, as practised at the present day ?

How can such attempts be encouraged ?

5 What is the exact position of the system with reference to—

Human Anatomy and Physiology ; Materia Medica ; Medicine and Surgery (including Pathology) ; Gynæcology and Obstetrics ; Hygiene and preventive medicine ?

Please give a list of important works in these subjects mentioning the language in which they are written.

Have these works been printed ? If so, are they available in suitable form for the use of students and practitioners ?

If there are any deficiencies, how can they be improved ?

6. What steps can be taken for collecting and standardising the literature, so as to make it available in a sufficiently easy form for the average class of students and practitioners ?

7. What is the present method of obtaining crude drugs and making preparations ? Have any attempts been made—

(*a*) to standardise and to find out therapeutic and lethal doses of drugs and preparations in use ?

(*b*) to ensure proper production, collection and sale of drugs ?

Please give your suggestions as to how this can be carried out effectively so as to have a uniform standard for the guidance of all concerned.

8. How does the cost of treatment by this system compare with other systems ? If possible, please quote figures from record of existing institutions. Is it true that the cost of some drugs is prohibitive, and whether a comparatively cheaper substitute also exists which may be equally or nearly equally efficacious ?

Do you hold the view that indigenous systems of treatment are more efficacious in certain diseases than other systems ? If you do, please adduce evidence in support of your statement.

9 What are the present arrangements for teaching of the system in India generally ?

Is there any central organisation controlling the students ? If so, what are its methods ?

Please give suggestions as to how these can be improved.

10. If a Tibbi school recognised by Government is established in Bengal, would there be—

(*a*) sufficient number of students forthcoming ?

(*b*) possibility of getting requisite number of qualified teachers in different branches ?

(*c*) sufficient clinical material available in the hospitals attached for training of students ?

Would such a school improve the status of *Tabibs* passing out of it ?

What in your opinion would be the cost of such an institution in Bengal ? In any other place in India ?

11. What should be the general qualifications and preliminary training of students before starting the study ?

What should be the period of study and medium of instruction ?

12. Do you consider the study of modern scientific methods, as for instance, the study of Physics, Chemistry, Biology, Human Anatomy and Physiology in the early part of the training, and Pathology and Bacteriology in the latter part, essential or not ?

With a view to economy, would it be possible for the lectures and practical training in these subjects to be attended in, or with the pupils of any of, the recognised medical schools ?

Can any other subjects, such as Surgery, be treated in this way ? If not, what would you suggest ?

13 Should the course for the students be prepared with special reference to progressive standards, like L. M. P. of medical schools recognised by the State Medical Faculty or its Membership, and M. B. and M. D. etc., of Universities, or otherwise ?

14. What is the present status of *Tibbi* practitioners generally and what are the disadvantages from which they suffer ?

What steps can be taken to remedy these and to improve the status of *Hakims* or *Tabibs* ?

15 Do you consider registration on the same lines as medical registration desirable ?

If so, how would you constitute the Registration Board and what safeguards would you propose for existing practitioners ? If not how will it be possible to distinguish real *Hakims* from quacks ?

16 How in your opinion, can the Government, Local Bodies, such as Municipalities, District Boards, Universities, Licensing Bodies, and private enterprise help in restoring, developing and fostering the system ?

17 Can you give an idea as to the cost of restoration and development of the system to suit modern requirements on the lines indicated by you ?

18 What is your opinion regarding the comparative cost of treatment according to allopathic and indigenous systems ? Please give reasons for your opinion

19 What, in your opinion, are the causes of decay of the indigenous system of medicine ? Kindly favour the Committee with your suggestions for revival.

20 (*a*) Are you connected directly with any institution providing medical relief or medical education on indigenous lines ?

(*b*) Do you consider that the existing institutions based on Tibbi system are satisfactory from the standpoint of—

(1) adequacy of medical relief provided ?

(2) suitability as centres of medical education ?

If your answer is in the negative, please state in what respects you consider the existing arrangements deficient and how do you propose to remedy them

(*c*) Do you consider that there exists at present sufficient provision for medical relief and medical education on indigenous lines ? If your answer is in the negative, please state what measures you would propose to remedy the insufficiency

## APPENDIX B.

### Extract from the memorandum on establishment of more Medical Schools in Bengal and the training of village practitioners by Dr. Hassan Suhrawardy, Honorary Secretary, Medical Schools Committee. (April 1921.)

This is a scheme for establishing more medical school in Bengal for the training of qualified medical practitioners to practise in rural areas and the training of village practitioners.

By village practitioners I mean fully qualified medical men practising in rural areas and not the inferior type of persons who live and practise in villages and are more or less a class of quacks There are 40,000 quacks practising in Bengal villages I do not think we want to increase their number

**Definitions.**—It is desirable to point out that in the British Isles the term "Medical School" is applied to all teaching medical institutions In India, however, the term Medical School is applied to a medical teaching institution, in which they qualify for a license of the State Medical Faculty (L. M. F.).

every , sous ıving in enga ou si e a cu a, an one, or every , ı we consider only the village population. The facts revealed by this gruesome state of affairs, aıe to a large measure at the bottom of the harrowing death rate which has so completely overwhelmed the birth-rate in Bengal. It has truely been pointed out by our Minister of Health, the Hon'ble Sir Surendranath Banerjea, that "the Bengalis are a dying race."

**Remedy.**—One of the chief remedies of averting this impending calamity lies in taking early steps to produce more medical men and inducing them to practise in rural areas.

As these are the years of financial stress and stringency, our scheme should be as inexpensive as possible, without interfering with efficiency. It should also be such that it can be given effect to almost at once.

**Local men as teachers and demonstrators.**—Teachers may be recruited from the local medical practitioners on payment of only small honoraria to them. The Civil Surgeon of the district and in Calcutta the Superintendent of the Hospital concerned may be made the administrative head of the institution, and also take charge of teaching one subject, say Surgery. Wherever possible the Assistant Surgeon ought to be utilised to teach one such subject as Materia Medica or Medicine. The Assistant to the Civil Surgeon for conducting the post-mortem examination can teach Anatomy and Medical Jurisprudence. The services of private practitioners may be requisitioned for the teaching of the remaining subjects like Physiology, Pathology, Hygiene and Midwifery and those of the teachers or lecturers of local zillah schools or colleges for the teaching of Physics and Chemistry.

The above suggestions only roughly indicate the possible arrangements for teaching the various subjects by part-time teachers. The details necessarily admit of large modifications and rearrangements.

* * * * *

**Local interest essential for success.**—I venture to think that my scheme will be inexpensive and at the same time will create local interest in the institutions and will disarm opposition from the private practitioners who will look upon Government Assistant Surgeons as their colleagues and not as antagonists. They will see in the pupils of the school the future medical men who will consult them whenever a second opinion is required. The success, however, will depend largely on the sympathy and efforts of the District Officer and the Civil Surgeon concerned.

* * * * *

**Teachers.**—Utilisation of part-time teachers drawn from local colleges and private medical practitioners will create local interest and at the same time ensure economy by dispensing with the large expenditure incurred on account of pay and allowances of "Assistant Surgeon teachers" who are employed in the schools of the Sealdah (Campbell) and Dacca type. They also are busy practitioners and are really part-time teachers.

**Two allied subjects to each—Suggestions for economy.**—The difficulty of recruiting and providing funds for pay and allowance for the usually large number of teachers and demonstrators can be overcome by giving two allied subjects to one teacher; thus the teacher of Physiology may also be the teacher of Pathology. The teacher of Anatomy, who is the Sub-Assistant Surgeon attached to the Police Hospital, will teach Medical Jurisprudence as well, because he as assistant to the Civil Surgeon attends the post mortem examination with him, and by paying some extra remuneration can utilise the "domes" attached to the morgue for work in the Anatomical department.

The Civil Surgeon will take up the subject of Surgery and will give "clinics" in surgery in the wards under him. The Assistant Surgeon in charge of the Sadar Hospital will be the teacher of Materia Medica for the first two years. In the third year of the life of the school he relinquishes Materia Medica, which is made over to a private practitioner, and the Assistant Surgeon then takes up the teaching of Medicine and gives clinical teaching in the wards under him in the Sadar Hospital. Such an arrangement, I think, will materially curtail the expenditure and at the same time will not impair efficiency of teaching in a small school.

**Superintendents.**—The Civil Surgeon who will be the Superintendent of the School will take part in actual teaching, only from the third year when the senior classes will be formed, and I have therefore suggested a monthly allowance of Rs. 50 for the first two years as an honorarium. This compares favourably with the allowance he receives as Superintendent of a District Jail. When he takes up the teaching of surgery in the third year an additional allowance of Rs. 75 per month, I think, will not be inadequate : then he will get an allowance of Rs 125 per month.

**Sub-Assistant Surgeons as teachers.**—Sub-Assistant Surgeons have already been requisitioned as teachers and demonstrators by Government in some of the existing medical schools There is no reason why suitable men of this grade of private medical practitioners, should not be utilised as teachers and demonstrators for some of the subjects in the proposed medical schools.

## APPENDIX B.

**Rural Medical Service—Attractions.**—My recommendations and suggestions are to meet increased demand by ensuring increased supply of trained medical men and inducing them to practise in rural areas either by developing a sense of public duty to their country or offering attractions of a pecuniary nature, or a combination of both, and by *Government inaugurating a definite "Rural Medical Service."*

The result will be attained by :—

(*a*) Establishing at an early date a sufficient number of small and inexpensive medical schools in all parts of Bengal.

(*b*) **Encouragement for rural practice.**—Devising means for attracting medical men to practise in rural areas, by offering scholarships to students, by subsidy to qualified men or a definite appointment in a "Rural Medical Service.'

(*c*) Reducing the period of instruction without impairing its quality or efficiency.

**Inducements for rural practice.**—By (*1*) fixing a monthly subsidy and (*2*) providing drugs and dispensary equipment, I believe we will offer encouragement to many, to start practice in rural areas.

In addition to the prospects of a subsidy and help from the District and Local Boards, (*3*) scholarships and (*4*) free tuition may be granted to pupils who sign an agreement to practise in rural areas, (*5*) or to serve in the Rural Medical Service which is recommended to be inaugurated by Government.

**Increased numbers help rural practice.** –It is also obvious that as soon as the number of qualified medical men will increase beyond a certain number, the struggle for existence will naturally push progressively larger and larger numbers out of the urban and suburban regions to the rural areas, where the help and subsidy and attractions of service referred to above will act as an additional incentive to settle down in practice.

| | | | | |
|---|---|---|---|---|
| | Block) ... ... ... ... ... | | | 1,360 |
| 2. | Travelling and halting allowances of members ... | | ... | 500 |
| 3. | Office expenses :— | | | |
| | (*a*) Remuneration of Persian-knowing assistant ... | | | |
| | (*b*) ,, ,, Clerk ... ... | | | |
| | (*c*) ,, ,, Typist ... ... | 1921-22 | | Nil |
| | (*d*) Stationery ... ... ... | 1922-23 | | 660 |
| | (*e*) Postage ... ... ... | 1923-24 | | 300 |
| | (*f*) Hire of typewriter ... ... ... | | | |
| | (*g*) Charges of stencilling ... ... | | | |
| | Total | | ... | 2,820 |

## APPENDIX D.

### List of subjects for teaching the Tibbi system of Medicine.

(1) Elementary General Anatomy (Modern)

(۱) علم تشریح بطریقۂ جدید *

(2) Materia Medica and Pharmacology (Tibbi)

(۲) قرابادین نباتات و مخزن الادویه بر اصول طب *

(3) Pharmacy and Dispensing (Tibbi)

(۳) شناخت ادویه بر اصول طب *

(4) Elementary Physiology (Modern)

(۴) علم افعال الاعضاء بطریقۂ جدید *

(5) Elementary Botany (Modern)

(۵) علم نباتات بطریقۂ جدید *

(6) Elementary Pathology and Bacteriology (Modern)

(۶) حدود الامراض بطریقۂ جدید * علم الامراض

(7) Elementary Midwifery (Modern and Tibbi)

(۷) فن قابلہ بطریقۂ جدید *

8) Elementary Surgery (Modern and also Tibbi)

(۸) فن جراحی بر اصول جدید طب یونانی

9) Preventive Medicine and Elementary Hygiene (Modern)

(۹) تدابیر حفظان الصحت بطریقۂ جدید

10) Practice of Medicine and Therapeutics (Tibbi)

(۱۰) طریقۂ علاج و معالجہ مع تدابیر بطریقۂ طب

List of books available in Urdu—

(1) Kitab-ut Tashrih, by Professor Kabiruddin of Tibbia College, Delhi.

(2) Ilm-ul-Adwiyah.

(3) Ilm-i-Dawasazi, by Professor Kabiruddin, Tibbia College, Delhi.

(4) Ilm-i-Munafi a'-ul-A'za, by Professor Kabiruddin.

(5) Ilm-i-Uabatat—Urdu translation by Anjuman-i-Tarraqqi-i-Urdu, Aurangabad, Deccan.

(6) Ilm-ul-Amraz (jadid), by Hakim Fazal Rahman, Professor, Tibbia College, Delhi.

(7) Fann-i-Qabila—Translation by Anjuman i-Taraqqi-i-Urdu.
This subject is being taught by means of oral lectures at the Tibbia College, Delhi.

(8) Fann i-Jarrahi—Translation by Anjuman i-Taraqqi i Urdu.
There is a book under compilation by Professor Kabiruddin.

(9) Hifzan-i-Sihhat, published by Newul Kishore Press, taught in Tibbia College Delhi.

(10) Translation of *Ashra i Ashab* and *Tibb-i Akbar*, Urdu included in the course of Tibbia College, Delhi.

Excepting Nos 5 and 6 all the books can be obtained from the office of *Al Masih*, Tibbia College Qarul Bagh, Delhi.

B. G Press—11-5-1925—155J—320—S. N. D.

Memo. 850
30-3-27

Calcutta, 23rd March 1927.

My dear Dewan Saheb,

In continuation of my letter from Delhi I am today sending you the papers in connection with the scheme for a ~~Ruby~~ Tibbi School in Calcutta and at Patna. If your Medical Department will kindly go through these and draw up a scheme to suit local conditions. and send the same up to me I shall be glad to endorse or suggest any alterations and additions which might seem necessary. You will notice they did this at Patna.

My address is

C/O, Cox & Kings Agency,
6, Pallmall,
London S.W., ENGLAND.

With kind regards,

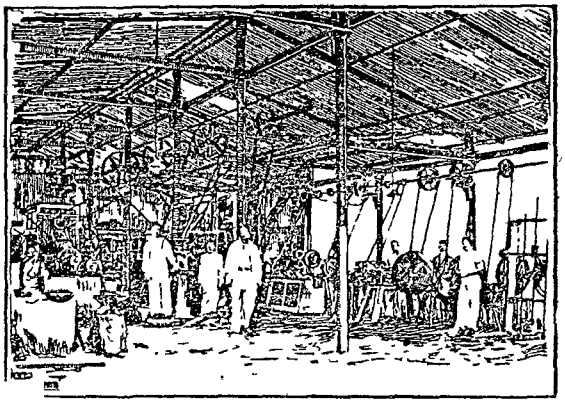
Yours sincerely,
A Subbaswamy

The Honorable Dewan Sahib of Mysore,
Lake View,
Camp Mysore.

Registered No. M 1840

# தீரர் தனவந்தர்

புகழ்பெற்ற முக்கியமான ஸ்தளம்



டாக்டர் ஏ. லக்ஷ்மிபதி, பி.ஏ., எம்.பி., எஸ்.ஏ

அவர்களால் ஸ்தாபிக்கப்பட்டது

மருந்துகளை விற்குமிடம்.
185, மௌண்ட் ரோட் மதராஸ்.
டெலிபோன் நெ. 1164.

மருந்துகளை செய்யுமிட
19, ஹாரிஸ்ரோட், மௌண்ட்
ரோட், டோவ்டு மதராஸ
தந்தி விலாசம் "த்ரிவ்ரு,

# ஸ்ரீ தன்வந்தரி

SRI DHANVANTARI.

ஒவ்வொரு திதியோதசிக்கும் வெளியாகும்.

| புஸ்தகம் 1. | நந்தீரோத்காரீவரு கார்த்திகைமீ 21உ (க்ருஷ்ணபக்ஷத்தியோதசி (6-12-23) | ஸஞ்சிகை 10. |
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## ஸ்ரீ தன்வந்தரி ஜயந்தி

சென்ற அக்டோபர் மாதம் 6உ ஸ்ரீ தன்வந்தரி ஜயந்தி சென்னைமா நகரத்தில் பல இடங்களில் மிகவும் விபவத்துடன் நடந்தன. நம் கலாசாலையில் காலையி லேப உபாத்தியாயர்களும் வித்தியாத் திகளும ஸ்நானம் செய்து பக்திபுடன் ஸ்ரீதன்வந்தரியை பூஜித்தார்கள. சந்தன தாமபூலங்கள் கொடுக்கப் பட்டன. பஜ னையுடன் 12மணி வரையில உற்சவம நடந்தது. சாயங்காலத்தில் கலாசாலையில் ஒரு பெரிய ஸபை கூடிற்று. அதில் ஸ்ரீ தன்வந்தரி அவதாரதினத்தைப் பற்றியும்

கரிசனத்தை பரிசலீன சபாகாகள அதில்கலாசாலீ மாணவாசள ஒவ்வொருவரு வருமமீ20'' ஒளஷதங்களுக்கு குவறாமல சேர்த்திருந்தாசள அந்திர ஆயுர்வேத பார்மஸியிலமாண வர்களால கயா செய்யப்பட்ட ஒளஷதங்களுமகணகாட்சிக்கு வைகக பட்டிருந்தது. சென்னையில கிடைகாக பல ஒளஷத சரகுசள பசையாகவே இகரிராமாந்திரங்களி லிருந்து வரவளழைகப பட்டிருந்தன. கலாசாலையில தயார செயது வைகப பட்ட ஒளஷதசளில ஸ்ரீ கண்ணன அவர சள தயார செயதது அபூர்வமாகவும நன்றாயமிருந்தது ஒரு ஒளஷதம்யார பற்றிய விவரமும அதன மேல எழுதி வைகப்பட்டிருந்தது இவ்விதமான பிர தர்சனமானது சாலவகடார சலாசாலை யில சாலவதாக வண்ணமென்று சொ மானிகபபட்டது இவ்விதமான கண்கா ட்சியானது மாணவாசளுகு மாதந்திரம னறி அபூர்வமாகவைகபபடுவதுடன பொதுமானது ராரவாசிகளில அநே கர் சென்றுபோறுய கண்காடசியை வந்து கூடடமாகவும பார்த்துச சென்றார சள. இவ்விதமாகவே அநேக இடங சளில கான்வகவரி ஜயந்தி கடந்திருந்தது மேலும நமபுகிறோம

தலைமைச்செய்தியாளர்
பெ. திருஷ்ணஸ்வாமி அய்யர்
அவர்கள்.

தமிழ்நாடு ஆயுர்வேத கல்லூரி மாணவர்களுக்கு கொஞ்சமாவது ஆயுர்வேதம் படாமல் கடந்தும ஸர்வஜனு மிமாதிற்கும பாதிரராயிருந்தார். வைத்தின பண்டித கோபாலசார்லு அவர்களின காலத்தில் அவருகு வலது கையாக இருந்து இந்த ஆயுர்வேத கல்லூரியை ஏற்படுதியும, மாணவாசகு பாடம சொல்வதற்கு வேண்டி பாடவரையரைசளை ஏற்படுதியும் கல்லூரியானது செவவனே நடைபெ றுவதின பொருட்டு அதிக விதங்களில் உதவி செய்தும. கலாசாலை பரீக்ஷ சளிலஒருவராய் இருந்தும அபிபாராய கபபொது ஆயுர்வேதாபிவிருத்திபை ப் ணிட்டு பலகாரியங்களை செய்தும வ தார. நமது ஆயுர்வேத கலாசாலையின் தறகால நிலைமபும சிறபபும இவருடை யகேயாகும. அவருடைய சகாயத்த லேயே ராவ பகதூர் கண்ணன் செட்டி யார அவாகள் ஒரு லக்ஷரூபாய நன் கொடை நமது ஸாவ கலாசாலைக சு கதிறகு (our Ayurvedic Madras University) கொடுபபதாய் வாக ளிதத போதிலும சில காரணங்களி முனனிட்டு நிறுத்தப்பட்டு பி ஆயுர்வேத தாம வைத்திய சாலை களை ஏற்படுத்துவதில விநியோகப, செய்யபபட்டது இந்த மகா புருஷனு டைய அரிய மாணத்தினால அங்கில

ரகளும் கேசிய வைத்தியர் தங்கள் தலைவரை இழந்தார்கள். ருடைய ஜீவிய காலத்தின் கடைசிக் காலத்தில சுமார் சுமந்த or மூன்று வருஷகாலமாய் மௌனமாகவே வேலை செய்து வருகிறார் அதற்கு காரணம் 4 வருஷம் நுழைந்து சர்வ்வேலை செய்வது, போல் செய்து வந்த மதுமேக ரோகமே (Diabetes) காரணம்போலும் இவருடைய மரணத்தை அறிவிக்க மிகவும் துக்கிக்கின்றோம்.

அவர் மரணத்தினால் ஏற்பட்ட துக்கத்தை குறிக்கும பொருட்டு நவம்பர்மீ 10உ கலாசாலை மூடப்பட்டது.

## வங்காள விசாரணை கம்மிட்டியார்.

ஆயுர்வேதாபிவிருத்தியை முன்னிட்டு வங்காள கவர்ன்மெண்டார் ஏற்படுத்திய விசாரணைகமிட்டியின் சார்பில் மஹாமஹோபாத்யாய் விராஜ கணநாதஸேன் எம். எ., எல் எம், எஸ், ஆவர்களும மேஜர்சேர்ப்பா I M. S, அவர்களும் ராயற்றுகிழமை காலை கல்கத்தா மெயிலில் சென்னை வந்து சேர்ந்தார்கள். உ திங்கட்கிழமை ப-மணிக்கு கலாசாலை மாணவர்கள், உபாத்தியாயர்கள் சென்னை நகர்வாசிகளாகிய அநேக ஆங்கில, ஆயுர்வேத லாபிப்ரதாயிகளான வைத்தியர்களும கலாசாலை மாணவர் சங்கத்தின் சார்பில ஒன்றுகூடி ஸ்வாகத பத்திரம் கணநாதஸேன் ஆவர்களுக்கு அளிக்கப்பட்டது. பிறகு அவர் ஆயுர்வேத ஸம்பந்தமாய் ஒரு அரைமணி நேரம் உபந்யாஸம் செய்தார். சில ஆரும்பெரும ஸ்தானங்களை தீர்த்தயாத்திரை பின்பு அவருக்கு உபசாரங்களோடும வாத்தியங்களோ டும ஸபைகலைந்தது.

## ஸ்ரீ தந்வந்தரி சகாயம்.

கணநாதஸேன் அவர்கள் உபன்யாசம்

ஆயுர்வேதமானது எவ்வளவு சிறந்த நிலைமையிலிருந்த போதிலும் அதையே நாம்கையாண்டு வராத விட்டதை குறை மாத்திரம் நமக்கு நன்கு வியங்கியதேயன்றி அதனுடைய சிறப்பும் மேன்மையும் வெளிக்கு வரவில்லை இதனால் தான் நமது முறைப்படி கூறப்பட்டுள்ள சாஸ்திரசிகிச்சையை (Surgery)ப்பற்றி மாத்திரம் சொல்லுகிறேன். ஆனால் நமக்கு இந்த விஷயமானது மறந்து போய்விட்டபோதிலும், அல்லது ஜனங்கள் இந்த முறையான சாஸ்திர சிகிச்சையை பழக்கத்திற்கு கொண்டு வராமல் விட்டிருந்தாலும் அது "ஆயுர்வேதத்தின்" குறையாகாது. ஆனால் அது நம்முடைய குறையேயாகும்.

கனவான்களே! இப்போது நாம் மறந்து போனதான நம் சாஸ்திரத்தின் ஒருபகுதின் பெருமை இத்தன்மையதாயின் நாம் இப்பொழுது தொன்றுதொட்டு கையாண்டு அநுபவத்தில் இருந்து வருதான சாஸ்திரத்தின் இதரப் பகுதிகளின் பெருமை எத்தன்மையானதென நீங்களே ஊஹித்தறியலாம். நாம் மறவாமல் பழகிவந்த பகுதிகள் யாவையெனின்: ஔஷதம (Medicine)மனோரோகங்கள் (Mental Diseases) ஸர்ப்பசிகிச்சை (Treatment of snake Bite), ரஸாயன, வாஜீகரணம் முதலியனவாம் இவைகள் மானிடர்களின் நன்மையின் பொருட்டேயாகும். நம் நாட்டார் நமக்கு முன்னோரால் ஒரு மூலதனமாகக் கொடுக்கப்பட்டதும், அநேக தொடிய ரோகங்களையும் இன்னும் மிகவும் தளர்ந்ததான சரீர நிலைமைகளையும் உண்டாக்கக்கூடிய அநேகபிணிகளையும போக்குவதில் இம்முறை எல்லா சிகிச்சா முறைகளையும் விட பன் மடங்கு நன்மை விளைகும் என்பதில் சந்தேகமில்லை நம் எதிரிகளால் ஆயுர்வேத சாஸ்திரமானது அசாஸ்திரீயம் என்று சொல்லப்படுவது உங்களுக்கெல்லாம நன்கு தெரியும். ஆனால் இப்படிஉ

சொல்லுபவர்களெல்லாம் ஆயுர்வேதத்தை சிறத்தையோடு படித்தவர்களல்லவென்று முன்னமே நான் சொல்லியிருக்கிறேன் ஆயுர்வேத சாஸ்திரங்கள் எழுதியிருக்கும்படியான பாஷையையே நன்முகப்படித்தறிய சக்தியற்றவர்களான ஜனங்கள் இவ்விதமான வார்த்தைகளைச் சொல்வது ஆங்கிலம் தெரியாத ஒரு மனிதன் மேல்நாட்டாருடைய வைத்திய ஸாம்பிரதாயத்தைப்பறி விமர்சனை செய்வது போலாகும். ஒரு ஸம்ஸ்கிருத பண்டிதர் வந்து மேனாட்டாருடைய வைத்திய கிரந்தங்களில் பிரயோஜனப்படக்கூடிய தான ஒன்றுமேயில்லை என்றால் நீங்கள் அவரை நம்புவீர்களா? அப்படியே ஒரு I M. S பட்டம் பெற்ற ஆங்கில வைத்திய உத்தியோகஸ்தர் முன்வந்து 'ஆயுர்வேதம்" அசாஸ்திரியம்" என்று சொல்வதும் ஆகும் ஏனெனில அவர்சில வதந்திகளையும்,சிலசாக்ஷியங்களையும் மாத்திரம் கேட்டு அவிதம சொல்லுகிறார். ஆனால ஆயுர்வேதத்தின் சில மொழிப் பெயர்ப்புகள் உள அவைகள் நிரவய ளம்பாத்தியத்தை உத்தேசித்து எழுதினவையே யன்றி சாஸ்திரியமான ஆயுர்வேதத்தின் பரிபாஷைகளை னன்குவிளக்கி ஜனங்களுக்கு போதிப்பதன் பொருட்டு செய்யப்பட்டவையல்ல அநேக தப்பிதங்களை நான் முன்னமே சொல்லியிருக்கிறேன்.

இனி ஆயுர்வேத சாஸ்திரத்தின் முக்கிய அஸதிவாரமான திரிதோஷ விஷயத்தைப் பற்றி (வாதம், பித்தம், கபம்)பேசத்தொடங்குகிறேன். கனவான்களே! எந்த ஸம்பிரதாயத்தைப் பற்றிய முறைபாயினும் பிரத்யக்ஷானுபவமாயிருந்தாலொழிய எவ்வளவு எழுதப் பட்டிருப்பினும் பயன படாததாகும் எனபது உங்களுக்கே தெரியும். இந்த திரிதோஷம் எனற விஷயமானது அனுபவத்தில் இருந்து வருகிறது என்ற விஷயத்தை இப்பொழுது உங்களுக்கு என்னால் எடுத்துச் சொல்லக்கூடுமென்று எண்ணுகிறேன்.

## வாயு-அல்லது வாதம்:—
## or
## சரிரா சக்தி (cell foree)

சரீரத்தில் நடைபெறும் ஸகலகாரியங்களும் வாத, பித்த கபங்களாலேயே என்பது ஆயுர் வேத வைத்தியனுடைய அபிப்பிராயமாகும் அவற்றில் ஒன்று கிரியா சக்தியாகும்—அதாவது சரீரத்தில் உண்டாகும் அசைவுகளுக்கெல்லாம் காரணமாயிருக்கும் சக்தி (Motv-or motion) இந்த சக்தியானது முதல் ஜீவ கணத்துடன் உற்பத்தியாகி கற்பத்துடன் விருத்தியாகி பலவாருகப் பிரிந்து சரீரத்தில் ஒரு ஸ்வாபாவிக மான சக்தியாக (Interna force) ஆகி வாயு அல்லது வாதம் என்ற டெயர் பெற்று சரீர கணங்களெல்லாம் பலவாறு உருவங்களாக மாற்றியும் ரக்த வாஹ்னிகளையும், லஸீகவாஹ்னிகளையும், நரம்புகளையும் உண்டாக்குவதற்கு காரணமாயிருந்து சரீர முழுவதும் பரவுகிறது. இந்த ஜீவகணத்தோடு பிறந்த ஸ்வாபாவிக சக்தியானது காலக்கிரமத்தில் நரம்பு ஸம்பந்தமான சரீர நிர்மாணத்திலும்; அந்த நரம்புகளுக்கு சேஷ்டாவஹமானவும் ஸம்க்ஞாவஹமான சக்திகளையும் உண்டாகுகிறது (Nerve force) அதைமாத்திரம் அறிந்தவர்களான ஜனங்கள் நரம்புக்குடைய சக்தியென்று மாத்திரம் எண்ணுகிறார்கள் ஆனால் அது கண சக்தியேயாகும். (cell force) எனெனில் ஜனங்களுக்கு ஜீவன் இருக்கிற படியால் ஜீவசக்தியிருக்க வேண்டுமல்லவா. உதாரணமாக ஒரு மனிதன் தனக்குள் குன்மகட்டியை விருத்தி செய்கிறான், அதிலும் ரக்தவாஹ்னிகள் முதலியவாவும் அதில் விருத்தியடைகிறது, மற்றும் கடின பதார்த்தங்களோடு ஸம்பந்தப்பட்டு கடினத்தன்மையையடைகிறதல்லவா இவை களெல்லாம் எதனால் நடைபெறுகிறது அதுதான் கண சக்தியென்று சொல்லப்படுகிறது அதுதான் வாயு or வாதம். ஆகையால் வாயு எனப்படுவது சில ஜனங்கள் சொலலுவது போல் வெளிக்காற்றல்ல. சரகஸம்ஹிதையில் கூறப்பட்டுள்ளபடி வாயுவானது சரீரத்தில் நடைபெற வேண்டியகாரியங்கள் யாவையும் ஸமநிலைமையால் வைப்பதாகும், மற்றும் அது வெவ்வேறு நரம்பு பூட்டுகளையும் தனக்கு ஸ்தானமாக உடையது அது உணர்ச்சிகளையெல்லாம் வஹிக்கிறது, அசைவுகளையெல்லாம் நடத்துகிறது; ஜீர்ணத்தொழிலையும் ரக்த பிரஸாரணத்தையும் தன் ஆக்ஞைப்படி நடத்துகிறது, புத்தியையும், உணர்ச்சியையும் இயக்கத்தில் வைக்கிறது ஆகையால் வாயு

வை மேற் கூறிய விஷயங்களையும் செயல் களையும் கொண்டு ஊகித்தறிவோமாயின் நமது தற்கால சரீரசாஸ்திரம் (modern Physiology) போதிக்கும் போதனைகளுக்கும் வாயுவுக்கும் ஒரு விதமான மாறுபாடும் தோன்றுது.

பித்தம்:—நாம் உண்ட ஆஹாரத்தின் ஸா ராம்சத்வத சரீர போஷணைக்குத் தயார் செய் கிறது. (Pitha guides the metabolic activities).

இப்போது இரண்டாவதாகிய பித்தத்தைப் பற்றி சொல்லத் தொடங்குகிறேன். அது சரீ ரத்திலுள்ள உஷ்ணசக்தியாகும். அது சரீரத் தில் நடைபெற வேண்டியஜீரணத்தொழிலின் சார்பாய் அநேக விதமான விபாகங்களை உண் டாக்குவதோடு ஆஹார ஸாரதத்தை எந்தெந்த பாகங்களுக்கு எவ்வளவு அளவு போஷணை தேவையோ அவ்வளவு அம்சத்தில் போஷித்து சரீரத்தின் உஷ்ணசக்தியை ஸமானஸ்திதியில் வைக்கிறது. மனதின் சார்பாக யோசிக்குவ தால் வெளிச்சம் அல்லது தேஜஸை அறிவ தும் வாயுவின் காரியமாயினும் அதை பக்கு வப்படுத்துவது பித்தத்தின் செய்கையாகும். (Retina) ரெடின எனப்படும் கண்ணிலுள்ள அவயவத்தின் வெண்பாகத்தின் கண் ஒரு வஸ்து இருப்பதாகவும் சாயபடங்கள் எடுப் பதில் உபயோகப்படும் வஸ்துவைபோன்ற (chemical substance) ஒன்று இருப்பதாகவும் அங்கே ஒரு பரிணாமவஸ்தை (chemical proce s) நடைபெறுவதாயும் சொல்லுகிறார் களை இவைகள் யெல்லாம் பித்தத்தின் செய் கையாலேயே என்பது நம்மவர்களாகிய ஆயுர் வேதிகளின் ஸித்தாந்தம். சுருங்கச் சொல்லில் சரீரத்தின் ஒரு பாங்காகிய தசைகளின் (Tissue) போஷணை கூட பித்தத்தின் செய லேயாகும். அகையால் சரீரத்தில் நடைபெறும சரீர போஷணை சம்பந்தமான சகல சரியக சளும் பித்தத்தினாலேயே நடைபெறுகிறது.

### கபம் சரீரத்தை எப்போதும் குளிர வைக்கிறது

நான் அடுத்தாற்போல் மூன்றுவதாகிய கிலேஷ்ம தாதுவைப் பற்றிச்சொல்லுகிறேன். இது மேற்கூறிய இரண்டை போலவே சரீர தில் சீத சக்தியை நிலைநிறுத்துவதோடு நீரா வியந்திரத்தின் கண்ணுள்ள ஒரு நீர் தொட்டி போன்று எந்த பாகத்திற்கு எவ்வளவு சீதசக்தி தேவையோ அவ்வளவைக் கொடுத்து சரீரத் தில் ஸ்ரவிக்கும் திரவங்களை ஸமானமான நிலைமையில் உண்டாக்கியும் வாய், ஸ்வாச மார்க்கம், கண், ஸந்திகள் வயிறு இவைகளை யும் எவகெங்கே உஷ்ணசக்தியானது அதிக முண்டாகிறதோ அங்கே யெல்லாம் இந்த கிலேஷ்மமானது நின்று குளிரச செய்கிறது. எப்படி பித்த சக்தியானது சரீரத்தில் ஜீரணத் தொழிலை நடத்தும் பொருட்டு அநேக திர வங்களை உண்டாக்குகிறதோ அதே மாதிரி இதுவும் ஜலாம்சமான அநேக திரவங்களை உண்டாக்குகிறது.

### சரீரத்தின் ஸமான நிலைமை.

மேற் கூறிய மூன்றில் எதாவது ஒன்று கோளாறடையுமாயின் உதாரணமாக; பித்தம் கோளாறடைந்தால் அந்த மனிதன் உடம்பு முழுவது உஷ்ணப்படுகிறது. கண், கால் முத லிய பாகங்களில் எரிச்சல் உண்டாகிறது. ஜீர ணசக்தியானது பழுதுபடுகிறது. அந்த மனி தன் வயிற்றில் புளிப்பு (அம்லரஸம்) (Acid) அளவுக்கு ஜாஸ்தியாக ஊறத்தொடங்கு கிறது. (Bile) பித்தநீரவமும் அளவு கடந்த உண்டாகிறது. அப்போது அவனுக்கு பசியும தாகமும் அதிகரிக்கிறது. அப்போது ஆயுர் வேத வைத்தியனானவன் அந்த லக்ஷணங்களு க்கு சிகிசசை செய்யாமல் கோளாறடைந்த தோஷமானது சமான நிலைமைக்கு கொண்டு வருவதற்கு அதாவது நிலைகுலையாமல் செய் வதற்கு (to bring about the Equilibrium)

இன்னும் ஒரு உதாஹரணம்: ஒருவனுக்கு ஜல தோஷம் உண்டாகிறது (cold). அப்போது என்ன நேரிடுகிறது? அவன் மூக்கினின்று சளி ஜாஸ்தி ஒழுக ஆரம்பிக்கிறது. வாயில் உமிழ்நீர் ஜாஸ்தி சுரக்கிறது. வயிறு தன் தொழிலை சரிவரச் செய்கிறதில்லை. இவைகள் யாவும் விருத்தியடைந்ததான ஒரு தோஷத்தின் செய்கைகளாகும். அந்த தோஷத்தை சரியான நிலைமைக்கு கொண்டுவரத்தகுந்ததான சிகிச்சை செய்யவே உபத்திரவங்கள் யாவும் மறைந்து போகின்றன.

ஒரு மனிதனுக்கு வாத விகாரமானது ஏற்படுமாயின் நரம்பு தளர்ச்சி பலஹீனம், ஜீர்ணக்குறைவு நோவு மயக்கம் முதலியவைகள் உண்டாவதோடு அவனுடைய சரீரஜமானவும் மானஸிகமானவுமாகிய காரியங்கள் குறைவடைகின்றன. இதை மேனுட்டார் (Neurasthenia) (நியுராஸ்தீனியா) என்றும் ஆயுர்வேதியர்கள் வாத க்ஷயம் என்றும் சொல்லுகிறார்கள்.

மற்றும் ஹிஸ்டீரியா (Hysteria) ரோகத்தினால் பீடிக்கப்படும் ஒரு ஸ்திரீயை உதாஹரணமாக எடுத்துக் கொள்ளுவோம்; அவளுக்கு கைகுரல்கள் இழுக்கிறது; காலில் கொரக்களி யெனப்படும் (Cramp) உண்டாகிறது. மூர்ச்சை முதலிய சேஷ்டைகள் உண்டாகிறது. இது வாதம் விருத்தியடைந்தால் உண்டாகிறது. அப்போது வைத்தியன் 500கஜம் தூரத்திற் கப்பால் வரும் போதே அந்த ரோகிக்குத் தெரிகிறான் நமக்கு ஒன்றும் தெரிகிறதில்லை. ஆனால் இந்த விஷயமானது எடுத்துப்பேசுவதற்கு ரொம்ப சிரிவானது. தோஷாதிகளின் க்ஷயவிருத்தியின் லக்ஷணங்களை எல்லாம் எடுத்துச் சொல்வதெனில் சுமார் 4 or 5 மணி நேரமபிடிக்கும் ஆகையாலும் இந்த விஷயங்களைப் பற்றி ஆயுர்வேத கிரந்தங்களில் விஸ்தாரமாய் எழுதப்பட்டிருப்பதாலும் இந்த விஷயத்தை இத்துடன் நிறுத்திக் கொள்ளுகிறேன்

மேலே சொன்ன விஷயங்களிலிருந்து வாத, பித்த, கபம் என்னும் திரிதோஷங்கள் பிரத்யக்ஷமாய் அநுபவசித்தமே யென்று பது விளக்கிபிரக்கும். எங்கே தற்கால சரீரசாஸ்திரஞானமானது முடிவடைகிறதோ அங்கே இந்த விஷயம் தொடங்குகிறது. சரீரத்தில் கடைபெறும் சரீரஜமான (Physiological functions) காரியங்களுக் கெல்லாம் இதுவே ஒரு நிரவுகோலாகும். இந்த கொள்கையை நன்கறிந்த பிணியாளிகளுக்கு சிகிச்சை செய்யத் தொடங்கினால் ரோகத்தின் லக்ஷணங்களினால் ஏற்படும் குழப்பங்களெல்லாம் சீக்கிரத்தில் மறைந்துபோம்;ரோகத்தையும் நன்கு அறியலாம். ரோகமும் சிகிச்சைக்கு வசப்படும்.

## ஆயுர்வேத பதார்த்த குணம் or குணபாடம்.

ஆயுர்வேத சாஸ்திரத்தின் பதார்த்தகுண பகுதி முழுதும் இக்கொள்கை (The Theory of Tridoshas) யைச்சார்ந்ததே யாகும். ஒரு வஸ்துவை எடுத்துக் கொண்டு இது வாதக்னம் என்று சொல்வோமாயின் வாதத்தின் செயல்கள் அதிகரித்திருப்பின் குறையச் செய்து - அதைச் சாதாரண நிலைமைக்குக் கொண்டு வரத்தக்கதெனப் பொருள்படும்.

பித்தக்னம்-என்றால் பித்த தோஷத்தை அடியோடு அழித்து விடுவது என்று பொருளல்ல; அதனுடையவரம்பு கடந்த செயல்களை சமானப்படுத்துவதென்று சொள்ளவேண்டும் இன்னும் இவ்விதமான சாஸ்திரீய பரிபாஷைச் சொற்கள் அநேகம் உண்டு. ஆகையால் மேனுட்டு வைத்திய முறைகளைப் பயின்றவர்கள் நம் நாட்டு ஔஷதச் சரக்குகளைப்பற்றி (Indigenous drugs) ஆராய்ச்சி செய்யத் தொடங்கு முன் இவைகளை நன்கு படிப்பார்களாக. ஏனெனில் பரிபாஷை பதங்களின் உண்மை பொருளைச் சரியாக உணர்ந்தால்

ஆயுர்வேத ஔஷதச்சரக்குகளைப்பற்றிய குண விசேஷங்களை விவரித்துச் சொல்லக் கூடும். ஆயுர்வேத சாஸ்திரத்தை நன்குணர்ந்த ஆயுர்வேத வைத்தியனுக்கு இந்த பரிபாஷை பதங்கள் உண்மையான விஷயங்களைத் தெரிவிக்கும். ஆனால் அவற்றை உங்களுக்கு அவனால் எடுத்துச் சொல்ல முடியாது. ஆயுர்வேத வைத்தியன் ரோகங்களை யெல்லாம் ஆச்சரியகரமாய் போக்குவானாயின் அவன் ஏதோ ஒன்று இரண்டு விசேஷ குணமுள்ள மூலிகைகளைக் கொண்டு செய்தான்; அந்த மூலிகைகளுக்கு அந்த குணமானது ஸ்வாபாவிகமானது என்று எண்ணுகிறீர்கள். அனேக மாகாணங்களில் தேசிய வைத்திய விசாரணைச் சங்கங்கள் ஏற்பட்டிருப்பது தேசியவைத்தியப் பிரயோகத்தின் ஔஷதச்சரக்குகளினைத்தும் விசித்திர விசித்திரமான காரியங்களைச் செய்ய வல்லது. அவைகளைப் பற்றிய கோட்டு பாடு ஒன்றுண்டென்பதையும் அவைகளைப் பின் பற்றிய சாஸ்திரீயமான ஸம்பிரதாயம் ஒன்றுண்டென்பதையும், அந்த சாஸ்திரத்தின்படி பதார்த்தக்களைச் சேர்ப்பதற்கு சில முக்கிய விதிகளிருக்கின்றன வென்பதையும், ரோகங்களைப் போக்கும்படியான மகிமையானது பதார்த்தங்களிலில்லை; அவைகளைக் கூட்டு முறையிலேதே பெரும்பான்மையாயுமுள்ள தென்பதையுமறியாமல் ஔஷதச் சரக்குகளைப்பற்றி மாத்திரம் பரீக்ஷனை (Research) செய்துவிட்டு அதற்குறியுள்ளதான குண விசேஷத்தை அது செய்யவில்லையே யென்று ஆயுர்வேதம் பயனற்றது, அது குணம் செய்கிறதில்லை என்று சொல்லாதீர்கள். ஆயுர்வேதம் மிகவும் சாஸ்திரீயமானதும். அனுபவத்திற் கனுபந்த மெதன்பதையும்அவைகளின் உபயோகத்தையும் பொருளையும் தெரிந்து கொள்ளாத வரையில் சிகிசையில் ஆயுர்வேத வைத்தியனைப் போல ஜயத்தையடைய முடியாது.

கனவான்களே! ஆயுர்வேத வைத்தியனுக்கு சரீரதத்வசாஸ்திரமும் (Physiology) அங்க பிரத்யங்க விபாக விவரண சாஸ்திரமும் (Anatomy) தெரியாது என்று குறை கூறுகிறார்கள். அது சரியாகவும் இருக்கலாம். ஆனால் அவன் இவை தெரியாமல் எப்படி நோவைப் போக்குகிறான் என்பதைப்பற்றிச் சொல்லுகிறேன் கேளுங்கள். கணக்கை (Mathematics) உதாஹரணமாக எடுத்துக்கொள்ளுவோம். அதில் இருக்கும் ஒரு (formule) விதியை ஆதாரமாகக் கொண்டு பரிக்ஷை எழுதும் மாணவன் தன்விஞ்ஞாபத்திரத்திற்கு விடைஎழுதிதேர்ச்சியடைகிறான். ஆனால அம்மாதிரியான விதியேற்படுத்துவதற்குமுன் அந்த கணித நூல் வல்லோன் (Mathematician) நிரூபப்பட்டு எல்லாவிதத்திலும் ஒத்திருக்கும்படியான ஒரு விதி செய்திருத்தல் போலவாகும். அவ்விதமாகவே ஆயுர்வேத வைத்தியனுக்கு சாரீரதத்வ சாஸ்திரமும் அங்கப்பிரத்யங்க விபாக சாஸ்திரமும் தெரியாமற்போனாலும் அதில் சொல்லப்பட்ட விதிகளைக் கடைப்பிடித்து மேனாட்டு வைத்ய நிபுணர்களால் அஸாத்தியமென்று கைவிடப் பட்டதான ரோகிகளுக்கு மிகவும் வியக்கத் தக்க மாதிரியில் சிகிச்சை செய்து ரோகத்தைப் போக்குகிறான். ஆகையால் ஆயுர்வேத வைத்தியன் இதை இன்னமும் தெரிந்து கொள்ளாம ல இந்த நிலைமையிலேயே இருக்க வேண்டு மென்ப ஸ என் அபிப்பிராயமல்ல. அதிலிருந்து சாஸ்திரஜ்ஞானமுடைய பிறப்பைத் தெரிவிக்கிற தலலவா. ஆகையால் மேநாட்டு ஸம்பிரதாயத் தைபோல் இதற்கும் ஒத்தாசை செய்தக்கால் சாரீரதத்வ சாஸ்திரம் படிப்பதும் அறிவதும் பெரிதல்ல. மேற் கூறிய இரண்டு சாஸ்திரங்களும நம்முன்னோர்களுக்குத் தெரிந்திரா தென்று நான் நம்பவில்லை.

உண்மையாகவே நமது இந்த தேசமானது ஒரு காலத்தில் ஸவத்திபன் மாத்திரமல்ல ஒவ்வொரு படிப்பாளியும் சரீரதத்வ சாஸ்திர

மும், அங்க பிரத்யங்க விபாக விவரண சாஸ்திரமும், படிக்கவேண்டுமென்ற நியமம் இருந்தது. வேதத்தில் மாஸக நிருத்த உபந்யாஸத்தில் மானிட சரீரத்தை அறுத்து பரீக்ஷித் தறியாமல் சல்லிய சிகிச்சை செய்தால் தலை வாங்கி விடப்படு மென்ற கட்டளை யிருக்கிறது. சரீரத்தில் உள் நுழைந்து பார்ப்பது போன்று மானிட சரீரத்தில் நடை பெறும் காரியங்களை யாரொருவன் அறிகிறானே அவன்தான் ஆயுர்வேத சாஸ்திரத்தில் தேர்ந்த வனாகக் கருதப்படுவான், என்று முன்பு இருந்தது. ஆனால் துரதிருஷ்டத்தினாலும், இந்தியாவுக்குசென்ற ஆயிரக் கணக்கான வருஷங்களாக ஏற்பட்ட கஷ்ட நஷ்டங்களாலும் அநேக பொருள்களை நாம் இழந்தோம். ஆயினும்இனி மேலாவது மிஞ்சி நின்றவற்றையாவது அச்சிட்டு வெளிபிடுவது இந்தியர்களாகிய நம் கடமை இன்னும் கூட ஸ்வானு பூதிகரமான ஆயுர்வேதத்தின் சில பாகங்கள் பழுது படாமலிருக்கின்றன

இதை நீங்கள் இந்தியர்களாகப் பிறந்த பிரப்பின் கடமையாகக்கொண்டு நாம் இழந்தபாகங்களை தேடிச் சேர்க்கும் விஷயத்தில் பிரயாசப்பட்டு இந்தியாவின் எல்லாப் பாகங்களிலும் தேடுவீர்களாயின் தாய் நாட்டிற்குச் செய்த கடமைகளில் சிறந்ததான ஒன்றைச் செய்ததாகும்.

முடிவுரை :—

கனவான்களே !

ஆயுர்வேத ஔஷதச் சரக்குகளுக்கு உண்மையாக சிறப்பில்லாமலும் ஒரு சாஸ்திரீயமான கிரந்த ரூபமான ஆதாரங்களும் இல்லாவிடில் நான் என்னுடைய தேசபக்தியை முன்னிட்டு மாத்திரம் விஷயம் சொல்ல முன்வரமாட்டேன்.

ஆயுர்வேதமானது ஜனங்களுக்கு மிகவும் நன்மை செய்யவல்லது. இப்பொழுது இருக்கிற மாதிரி ஜனங்களுக்கு வைத்திய ஆதாரவானது 40000த்தில், 1 தான் என்பதாகவும் காளநாட்டின் ஒரு பெரிய மந்திரியாகிய-பூமான் சுரேந்திர நாத் பெனர்ஜீ சொல்லியிருக்கிறார். தற்கால மேநாட்டு வைத்தியமுறைப்படி 45000ல் 1க்குத்தான் வைத்திய உதவி கிடைக்கிறதாம். ஆயுனும் 100க்கு 90பேருக்கு ஆயுர்வேத வைத்தியர்களாலேயே உதவி கிடைக்கிறதாம். ஆகையால் ஆயுர்வேத முறையைப் பழித்தலும், சோதனைக் தள்ளாகுதலும் நியாயமல்ல, முறையல்ல, தேசபக்திக்கு அமைந்ததல்ல. ஆகையால் இது ஒரு உயர்ந்த கடமையாகும். நீங்கள் மேநாட்டுப்படிப்பை ஒரு துலாவாக வைத்து அறியாத காலத்தில் நம் மீது சுமற்ற பட்டதான பாரத்தை நீக்கிக் கொள்ளவும். நமது பாரத நாட்டை ஆடையிலும், ஆஹாரத்திலும் ஸ்வாதந்திரியமாபெறும்படி செய்ய முயலுவது போலவே வைத்தியத்திலும் செய்ய முன்வரவேண்டும்.

கனவான்களே !

ஆயுர்வேதத்தின் முன்னேற்றத்தைபற்றி, தங்கள முன்னிலை எடுத்துப் பேசுவதற்கு எனக்கு ஒரு அவகாசம் கொடுத்ததற்காக என்மனமார்ந்த வந்தன மளிக்கிறேன். நான் உங்களுக்கு ஆயுர்வேதத்தின் கண் எவ்வளவு அன்பும் ஆதரவும் இருக்கவேண்டுமோ அவ்வளவை உண்டாக்கியிருப்பேனுயின் என் கடமையை நன்கு நிறைவேற்றியவனுவேன்."

மேரி ராணியாரின் கலாசாலை சென்னை..

## சாஸ்திரசபையின்பிரதமகூட்டம்

சென்னை ஆயுர்வேத கலாசாலைத் தலைவர்

டாக்டர்.

## ஆ. லக்ஷ்மீபதி, B.A., M.B. & C.M

அவர்களின் பிரசங்கம்.

மேற்படி சபையின் பிரதமக்கூட்டத்தில் டாக்டர் ஆ. லக்ஷ்மீபதி அவர்கள் "இந்திய தாவரசாஸ்திரம" என்ற தலைப்புடன் முக்கியமாக ஆயுர்வேத மூலிகைகளைபற்றி ஒரு பிரசங்கம் செய்தார்.

சாஸ்திர பண்டிதை மிஸ்ரான் பிரசங்கியாரைச் சபைக்குப் பரிச்சியம் செய்யும் போது "இந்திய மூலிகைகளின் தாவர சாஸ்திரத்தில் அதிக சிரத்தை எடுத்துக் கொண்டுழைப்பவரான டாக்டர் ஆ. லக்ஷ்மீபதி அவர்கள் உங்கள் வேண்டோளின்பேரில், உங்களது பிரதமக்கூட்டத்தில் பேச உடன்பட்டது அவரது ஆழ்ந்த அன்பைக்குறிபபிடுகின்றது" என்று பேசினர்.

டாக்டர் லக்ஷ்மீபதி தனது நன்றியைக்காட்டி பின் வருமாறு பேசினர்.

"சபா நாயகரே! சகோதரிகளே! நீங்கள் குறிப்பிட்டமாதிரி, இந்த சபையின பிரதமக்கூட்டதில் பேசும பாகியமளித்ததர்கு உங்ளுக்கு கடமைப்பட்டவனாக இருப்பேன். இச்சபையின்கண் பேசும் சமயத்தை ஏற்றுகொள்ள நரன் அருகனல்லனென்பது எனக்குநன்ரு கதெரிநததே என்றாலும் எனச்குத தெரிந்த சாதாரணமான உணகள் சுற்றி லுமுள்ள தாவரங்களைப்பற்றி உங்களுக்கு அதிகடாகத் தெரி திருப்பது உசித மென்று நினைதது இக்சுரிபதனை ஏற்றுக்கொண்டேன். மற்றும், உங்களது தலைவர் எனகது இதைப்பற்றி வரைந்தபொழுது, எனது படிப்பினை தெரழிலுகுறியதாப் பரிபாஷைகளுடன் இருக்குமாகலின் கலாசாலை மாணவர்களுககுள்வாரஸ்யமாக இராதெனறு எண்ணினேன. இருநதாலும் உள்ளமட்டில் சொல்லலாம எனறு உங்கள் வாஸஸ்தலகளுக்கு இரண்டு பர்லாங் சுற்றளவில நீங்கள் பார்ககக்கூடிய சில தாவரங்களைத் தேர்ந்தெடுத்தேன். நாம் இப்போது பார்க்கும் படங்களில் உள்ள எல்லாசெடிகளையும் நீங்கள் இனம் காற்றுக் கொள்ள நடக்கும்போது பாரத்திருக்கலாம.

அநேக ஆயிர ஆண்டுகளாக நாகரீக முடைய நமபாரதநாட்டில் நம் முனனோர்களால் நமகது அளிக்கப்பட்ட; இபபூலோகமே அறியவேண்டிய சமாசாரங்கள் பல இருக்கின்றன. இப்போது நாம் உபயோகப்படுத்தும் இம் மூலிகைகள் அநேக தலைமுறைகளாக அனுபவபூரவமாக பரிகூதிகறிபப்பட்டவைகள். இப்போது அநேக ஹிநது குடுமபங்களில உபயோகிக்கப்படுபவைகள் இப்படிக்காலங்கண்ட மூலிகைகள்தான. சென்ற தலைமுறைவரையில் நம்நாட்டுத் தாய்மார் அவர்களுக்குநன்ரு பழக்கமுள்ளதும நம பிரகையுள்ளதும் அபாயமற்றதுமான மூலிகைகளால் சாதாரணவியாதிகளை அவர்களேபரிகரித்துவநதனர். ஆனால மேல்நாட்டுநாகரீக மெனனும் மாது தனது பரிவாரஙகளுடன் நம்நாட்டை அடைநது செழிப்படைய ஆரம்பிக்கவே மேலநாட்டு வஸ்துக்கள் சாதாரணகுடிமுள்ளவைகளாயினும் அளவில்லாகமநிப்பையடைநதனபோனதாறறாண்டின்முற பகுதியில் டாக்டர் ராகஸ்பாக எப்னலி போன்ற மன உற்சாகமுடைய தாவரசாஸ்திரிகள், அதிக கஷ்டப்பட்டு இநிய மூலிகைகளின்சமாசாரங்களைமுத ஒரு முபற்சிசெய்தார். டாக்டர ராக்ஸ்பர்க் பெரும பொருள் நஷ்டத்துடனும் தேக சிரமத்துடனும் தென்வடநாடுகள் முழுவதும பிரயாணம செய்து, சுமார 500 மூலிகைக

ஸைத்தேர்ந்தெடுத்து, ஒவ்வொன்றின் இயற்கை வர்ணத்துடன் அவைகளைப் படங்களாக வரைந்து, அவைகளின் உபயோகத்தையும் எழுதிவைத்திருக்கின்றனர். அச்சாஸ்திரம் இப்போது சென்னையில் "கன்னிமாரா வாசகசாலை" யில இருக்கிறது. கடந்த இருபதாண்டுகளாக இது இருப்பினும் யாரும் அச்சிறந்த உழைப்பாளிகளின் புஸ்தகங்களில் சிரததை கொள்ளாதது அதிக ஆச்சரிபமாய் இருக்கிறது. ராக்ஸ்பர்க் இக்காரியங்களை தமது சொந்தசெலவிலேயே செய்தார், கொஞ்சகாலத்திற்குப் புறத்தான் ஈஸ்ட் இந்தியா கம்பெனியாரின் (East India Company) போர்ட் ஆவ்டைரெக்டர்கள் (Board of Directors) இவரது வேலையை அங்கீகரித்தனர். பத்துப்பனிரெண்டு வருஷங்களுக்குமுன், சரியானபடி நம்நாட்டு மூலிகைகளைப்பற்றி சரிபாகத்தெரியாதமேல்நாட்டுப்பண்டிதர்கள் நமதிந்திய மாணவர்களுக்கு தாவரசாஸ்திரம் கற்பிக்கும் பொழுது அவர்களுக்கே அதிக கஷ்டமாகவே இருந்தது. நமதுக் கிடைக்கக்கூடிய சரியான இந்திய தாவர சாஸ்திரங்கள் "கொருக்கப்பள்ளி" யைப்போன்ற சிலவைதான். நற்காலமாக இப்போது ஒருமாறுதல ஏற்பட்டுள்ளது. சென்னை மாகாண கவர்ன்மெண்டார் சென்னை தாவர சாஸ்திராபிவிருத்தியில் அதிக ஊக்கமகாட்டி வருகின்றனர். சென்னைக் கன்காரூஷிச்சாலையின் ஒருபாகம், சென்னையிலும அதன்சுற்றுப் பிராந்தியங்களிலும உள்ள தாவரங்களுக்காக தயார்செய்து வைத்திருக்கிறது இக்காரியத்திலிப்போது, அதிக இந்தியர்களையிட்டு ஆவலுடன் வேலைசெய்கிறார்கள். இவர்கள் அம்முதநூல்கள் இயற்றியுள்ளார்கள். இம்திரி இந்தியர்களால் செய்யப்பட்டயங்களிலிருந்துதான் நாம் சரியானயங்களை அறிபலாம்.

நம்தாய்மார் உபயோகப்படுத்தினத்துகிற சாதாரண மூலிகைகளின் 'சிற்றைப்பற்றிப் பொதுவாகச் சில விங்கள் சொல்லத்தான் ஆவைகளின்ங்களுடன் நான் இப்போது வந்நான் சில மூலிகைகளின் குணத்தை.ஸ்தரித்துரைக்கும்போது அது உங்க்குமிகுதியாகவுறுதவாகத்தோன்றுகான் நிச்சயமாகக்கூறுகிறன்.' நகூறுவதவ்வளவும் யான்மாத்திரமஇன்னும் பல சாஸ்திர பண்டிதர்களபரிகூஷித்துக் குணங்களை ஆளவிட்டுந்தீத. இந்தியக்கல்விக்களஞ்சியபது நமக்கு மாத்திரம் உபயோகப்படுன்றி இவ்வுலகதிற்கே உபயோடும். தொடரும் படங்களில் நான்போது சொன்னவைகளுக்கு அத்தகளை க்காணலாம்."

ஆப்பால் உபன்னிபாசகர் அநேகஐசுளைக்காட்டி அவைகளால் சூகிடுகும மூலிகைகளின குணங்களை விதுகது கடிவில்வருமாறுரைத்தனர்:—

Tinospara Cardopholium (தி)
சிதில் கொடி: (சம்ஸ்) குடுசி (தெதிப்பதீக எலலா ஆயுர்வேத பண்டிஞரும், அகில இந்தியாவிலும, இதைகண்ட மருந்தாக உபயோகிக்கின்க

"திரிதோஷஹரம் திப்பதீக" அதாவது இது வாத, பித்த, கபம் இவைகளில் எதனால் எவ்வித வியாதி வந்தாலும் உப யோகப் படுத்தப் படுகிறது. இது கடின ஜ்வரங்களிலும் ஓங்கல்களிலும் நன்றாக வேலை செய்யும். குடிசி சத்வம் என்பது பச்சைக் கிழங்கிலிருந்தெடுக்கும் சாரம், இது நல்ல ரசாயனம். தேக புஷ்டியை யுடைய இதனுடன் சர்க்கரையும் வெண் ணெயும் கலந்து கொடுக்கலாம்.

Convolvulu Turpethum :-(தமிழ்) செவதை வேர் (சம்ஸ்) திருவ்ருத்(தெலு) தேகடா. இது சரகருடைய கைகண்ட பேதிமருந்து "திருவிருத மூலம விரேச னே" இது குமட்டல் இல்லாமல் சுகமா கச்சாப்பிடக்கூடியதாகவும் தீக்ஷ்ணமாக வும் இருக்கிறது. இதன் சஷாயத்தை யாவது லேஹ்யத்தையாவது கர்பிணி களுக்கும் கூடக் கொடுக்கலாம். ஒரு தடவை சண்டு கெண்டால் குழந்தை கள் இதைவே விரும்புகின்றனர்கள். இது சுலப விலைக்கு எங்கும் கிடைக்கும அரே கமாக எல்லாக் காடுகளிலும கிடைக்கும இது சுகபேதி மருந்தாக மாசுதிரமன்றி ஹ்ருதய வியாதிகளிலும நகரு வேலை செய்யும. இது மூத்திரக குண்டிக்காய யாவது ஜ்வரக்ருமிகளையாவது தொந் தரை செய்வதில்லை.

Acharanthus Aspira :-(தமிழ்) முள் ளுக்கீரை (சமஸ்) தண்டுலீயகா (தெலு) மூண்ட்லதோடகூர. சாதாரணமாக எல் லாக்குப்பைக காடுகளிலும் உண்டாகும் இச்செடியிலின்று ஆயுர்வேத பண்டிதர் கள் கஷாயம்எடுக்கின்றனர், இக்ஷாரக்தில் அதிதீக்ஷணம் மத்யமம் ஹிதம் என மூன்று புராதனகாலங்களிலிருந்து எடுக் கப்படுகிறது. ஆமாசயத்தில் புளிப்புமே ராமல் தடுக்குகிறது இது மூத்ரளம. இது ப்ரதி விஷங்களில் ஒன்று. இது லோஹரோ முகியமாக அப்பிரக்தை பஸ்மம் செய்வதில் உபயோகப்படுகி றது. வண்ணர்கள் உடைகளைச் சலவை செய்வதில் இச்சாம்பலைச் சோப்பிற்குப் பதிலாக உபயோகிக்கின்றனர். இதன் கொழுந்தைச் சமைதுச் சாப்பிடலாம். இது லகுவாகஜீர்ணமாகி விடும். இதற்கு க்குக்குடலைச்சுலபமாக இழைக்க வைக் கும் சக்தி உண்டு.

Recinus Communus :—முத்துக் கொட்டை (ஏரண்டம்)பேர்பெற்ற பேதி மருந்து மாத்ரமன்றி வயற்றுக் கடுபபுக்குச் சிரேஷ்டமான மருந்து. ஆமாசயம் கோளாரடைந்த சமயத்தில் அதைச்சரிப்படுத்தும். மற்ற சரக்குகளு டன் சேர்ந்தால் ஆமவாதத்தை நன்றா கக் கண்டிக்கும். இதைப்பற்றி ஆயுர் வேதசதில் விசேஷமாகச் சொல்லப்பட் டிருக்கிறது இரக்தத்தை நன்னிலமை க்குக் கொண்டுவருபடியான இதன் குணத்தின் அகலிஷ்ட பேரில்தான், தண் டமைமருந்தை லவதநிபர்களால் எண் ணெய்களை செப்பப்பட்டுள்ளது.

PiniscacsalBenducella :(தமிழ்)கழ ற்சிக்காய் (சமஸ்) குபோராஹி (தெலு) கா ச்சா. இது புதராக வளரும். இதன் காய் கோலி மாதிரி இருக்கும் இதைக் குழந் தைகள் விளையாட உபயோகிக்கின்றர் கள் இதன் பருப்பை மிளகுடன் சேர்த்

தமாத்திரைகளாக்கி விஷ சுரத்தில் உபயோகிக்கலாம். இது க்ருமிஹரமானது இதிலிருந்தெடுக்கும் எண்ணெய் முகப்பருக்களைப்போக்கி முகத்தின் சர்மத்தை மிருதுவாக்கும். தென்னாட்டில் இந்த முதலெண்ணெயில் வதக்கி நீரண்டம் சாதாரண விரை வீக்கம் இவைகளுக்குக்கட்டுகிறார்கள்.

(இன்னும் வரும்).

## யானைக்கால். Elephantiasis.

பெரிய மகான்களால் சொலலப்பட்ட ஆயுர்வேத கிரந்தங்களில விவரிக்கப்பட்டிருக்கிற "ஸ்லீபதம்" ஆனது இந்த யானைக்காலினுடைய லக்ஷணங்களை உடைத்தாய் இருக்கிறது கிருமிகள் உள்ளது இல்லாதது ஆகிய இரண்டு விதங்களும் இதில் அடங்கி இருக்கிறதா இல்லையா என்பது நாம் சொல்ல முடியாது. இருந்தாலும் இந்த ஸ்லிபதமானது யானைக்கால் எனறு வைதத்துக்கொண்டு இதை விவரிப்போம.

ஸ்லீபதம் எனனும் வாத்தை காலைக் கல்லுப்போல கடினமானவியாதி என்ற அர்த்தம கொடுக்கிறது

பரவும் விதவகள:—இது வருஷத்தில் பெருமபாலும் மழை ஜலம் தேங்கி நின்று அபிரதேசகளை சதுப்பாக செய்கிற பிரதேசங்களையும், தண்ணீருக்கு வெளிப் போக்கு இல்லாமலும் வற்றுமலும் இருகிற நீர்நிலைகளுக்குப் பக்கதில உள்ள பிரதேசங்களையும் பீடிகிறது. சுருகச் சொல்லுமிடத்து இது அனுபபிரதேசக்களிலும கபவிருத்தி செய்யும் பிரதேசங்களிலும் அதிகமாகப் பரவுகிறது.

இது அநேகமாகக் கபசரீரிகளுக்கும், கபவிருத்தி செய்யக்கூடிய பழக்க வழக்கம், உண்பனை முதலியவைகளையுடையவருக்கும், மேற்சொன்ன பிரதேசங்களில் கிணற்று நீரை உபயோகிப்பவருக்கும் வருகிறது.

இது திரிதோஷங்களில் ஏதாவது ஒன்று கோளாறடைந்தால் வரும். ஆனால் எல்லாவற்றிலும் கபம் முக்கிய காரணமாய் இருக்கும். அதற்கத்தாகியாக இந்த வியாதிக்கு கபத்தின் முக்கிய குணங்களான குருகுணம் அல்லது கனதியும், மகத்குணம் அல்லது உருவதத்தில் பருமனும் இருக்கிறது.

ஆகையால் கபத்தை முக்கியகாரணமாகக் கொண்டு திரிதோஷங்களில் ஏதாவதொன்று கோளாறடைந்தால் இவ்வியாதி வருகிறது இப்படி இருப்பதின் இவ்வியாதிவாதஸ்லீபதம, பித்த ஸ்லீபதம, கபஸ்லீபதம எனை மூனறு வகைபாகிறது.

இதிதோஷங்களில் ஏதாவதொன்று கோளாறடைநதால் அது கீழ்நோக்கிப் போய், இடுப்பைப்பற்றிய பாகங்கள், தொடைகள், முழங்கால்கள், கணுக்கால்கள், பாதங்கள் இவைகளில் தங்கி அங்குள்ள மேதஸ, மாபசம, இரத்தம ஆகிய மூன்று தாதுக்களைக் கெடுத்து அவ்விடததில் வீக்கத்தையும கனதியையும் உண்டாக்குகிறது இப்படியாக ஸ்லீபதம் வருகிறது.

சுஸ்ருதர் :— கால்தான் சாதாரண மாக பீடிக்கப்படுமிடமாய் இருந்தாலும், இது ளகைகள், காதுகள், கண்கள், இதழ் கள் மூக்கு, லிங்கம் ஆகிய இவைகளிலும் பீடிக்கலாம்.

குறிகள் :— கோளாரடைந்த தோ ஷங்களுக்குத் தக்கவாறு குறிகள் மா றும். மாம்ச கிரந்திகளின் (glands) வீக் கத்தால் இடுப்பைப்பற்றிய பாகத்தில் பருமன் அடைகிறது. அப்பால் வீக்க மும் வலியும் படிப்படியாகக் கீழிறங்கு கிறது.

வாதஸ்லீபதம் :— முக்கியமான அறி குறியாவது பீடிக்கப்பட்ட பாகமா தொரு வித வெளிக்காரணமு மின்றி வலிப்புக்கொள்ள ஆரம்பிக்கும், அப் பால் சர்மம் வெடிப்புக்கொண்டு அவை களினின்றும் பிசபிசப்பான நீர்கசியும். அப்பாகமானது கருமை அல்லது நீல நிறமாகவும் வரட்சியாகவும் இருக்கும். அதிகமாக சுரம் இருக்கும்.

1. ஒருவருஷகாலமாக இருந்தாலா வது, அல்லது,

2. பீடிக்கப்பட்ட இடம் அபாரமாக வீங்கி இருந்தாலாவது, அல்லது,

3. நமைச்சலுடன் நீர்கசிந்தாலாவது அல்லது.

4, பீடிக்கப்பட்ட பாகத்தில் கட்டி களும் புற்றுகளும் பரவி இருந்தாலா வது, அல்லது

5. பீடிக்கப்பட்டவன் கபசரீரியாய் இருந்தாலாவது

இந்த வியாதியைத் தீர்ப்பது அசாத் தியமாக முடியும்.

(தொடரும்)

## பஞ்சகர்மங்கள்.

நிரூஹவஸ்தியைக் குறிப்பவர்களும் மிகவும் அதிகமான அக்னிதீபன மூடையவர்க ளும் வரட்சியுள்ளவர்களும் வாதரோகி களும் இதற்குரியவராவார்கள். இளைத் தவர்களும், ஸ்தூலராயிருப்பவர்களும், பாண்டு முதலிய வியாதியுள்ளவர்களும் இதற்குரியாதவராவார்கள். இதையுப போகிக்கல் முதலியவை களெல்லாம் நிரூஹ (க்ஷாய) வஸ்தியைப்போலவே அறியத்தக்கது இதின் பேதங்கள் முத லியனவும் மிகவும் விஸ்தரிக்கு மாதலால் இங்கு விவரிக்கவில்லை,

அனேக வித்தங்களுடன் கூடிய வஸ்தி கர்மத்தை யுபயோகிக்கது அதனால் அனேக நீங்காத வியாதிகளைக்கூட நீக் கும் இச்சிகித்ஸையே காலவசத்தால் எங்கேயோ மறைந்துள்ளது. தற்காலம் ஆங்கில வைத்தியர்களால் எனிமா அல் லது, இரிகேடர் என வழங்கப்படுவதா னது, நிரூஹவஸ்தியைப்போல் சித்தம் செய் தகஷாயாதிகளை யுபயோகிக்காமல், சுட ான ஜலத்தை மாத்திரமோ அல்லது ஸோப்புகரைத்ததையோ உபயோகிப்பதி னால, அதுவாஸன வஸ்திக்கு பதிலாக கொஞ்சம ஆமணக்கெண்ணையாவது க்லிஸரீன் என்பதையாவது சேர்த்து உபயோகிப்பதினாலும், குடலுக்குள்ளிரு க்கும் (மலாசயம) மலத்தை மாத்திரம் வெளிப்படுத்தி குடலை பரிசுத்தம் செய்

வது தவிற, நிருஹ அநுவாஸன வஸ்தி களைப் போல் தயார் செய்த கஷாயம், தைலம் முதலியதை யுபயோகித்து விபாதிகளைப் போக்கும் திறமையுடைய தில்லை. எல்லா தேசத்திலும் இந்த வஸ்தி கர்மமானது மறைந்திருந்தும கேரள (மலையாள) தேசத்தில் மாத்திரம பல ப்ரசித்தமான நீடிண வைதயர்கள் இதை யுபயோகித்து இதின் ரஹஸ்யத்தை ஜனங்களுக்கு உண்டாக்கு மபடி செய்கின்றனர் என்பது மிக்க சந்தோஷத்தைத் தருகிறதல்லவா? இது வாத தோஷத்திலும வாதத்தை ப்ரதானமாய்க் கொண்டதோஷங்களிலும் உத்தம சிகித்ஸையாகும்.

இனி நஸ்ய கர்மத்தை சற்று விவரிப்போம். கழுத்துக்கு மேற்பட்ட பாகத்திலுள்ள கண், செவி, மூக்கு, சிரஸ் முதலிய பாகங்களிலுண்டான பிணிகளைப் போக்குவதற்காக மூக்கின் வழியாக ஔஷதத்தை யுபயோகிக்கும் ஓர் சிகித்ஸா விசேஷத்திற்கு நஸ்ய கர்ம மெனப் பெயர். மூக்கில் வழிபாக உபயோகிக்கும் ஔஷதமே நஸ்ய மெனப்படும். இது ஸ்நேஹனம், ரேசனம் என்னும் இரண்டு வகைப்படும் ரேசன மென்பது தோஷங்களை வெளிப்படுத்தும். ஸ்நேஹன மென்பது அவ்வவயவங்களையும் தாதுக்களையும்போஷிக்கச்செய்வது இந்த நஸ்யத்தை உபயோகிப்பதற்கு தகுந்ததும் தகாததுமான காலங்கள், பிணிகள், உபயோகிக்கும் முறை, முதலியவைகளை யறிவது மிக்க ஆவசியமானது. ரேசன நஸ்யமானது அவபீடம். ப்ரதமகம் என்றும் இரண்டு விதம், ஸ்நேஹன மென்னும் ப்ரம்மண நஸ்யமானது மர்சம், பிரதி மர்ச மென்றும் இரு வகைப்பட்டுள்ளது. இவைகளை யாருக்கு உபயோகிக்க வேண்டும்? எப்படி எக்காலத்தில் உபயோகிக்கலாகும் என்னும் இவைகளைப்பற்றிய எல்லா விஷயங்களையும் அறிந்து சிகித்ஸை செய்யத்தகும்.

ஆயுர்வேத சிகித்ஸைகளில்ப்ரதானமாயுள்ள இப்பஞ்ச கர்மங்களானது வ்ருதியடைந்ததோஷங்களை சமநிலைமையில் நிலை நிறுத்தவும், உண்டான பிணிகளை போக்கவும், பிணிகளுண்டாகாதவாறு தடுக்கவல்லதுமான ரோகானுத்பாதக சிகித்ஸைபாகவும், ஆயுளபி விருத்தி செய்யக் கூடியதாயுமுள்ள இப்பஞ்ச கர்மங்கள் செய்யும் வகையை யறிந்து விதிப்படி செய்யப்பட்டால் மானிட ஜன்மத்திற்கினையில்லாத சுகத்தை தருவதாகும். சாதாரணமாய் தற்காலத்திய எல்லா வைத்தியர்களும் கூடவிரேசனம் முதலிய சில சிகித்ஸைகளை செய்கிறார்களாயினும் ஸ்நேஹ ஸ்வேதங்களை செய்து விதிப்படி இப்பஞ்ச கர்மங்களையும் கையாண்டு வருகிறவர்கள் மிகவும் அரிதாயிருக்கின்றனர். ஆகையால் ஆயுர்வேத வைதயர்களெல்லோரும் ஆயுர்வேதகதில் ப்ரதானமாகச் சொல்லப்பட்டுள்ளதும் மிக்க அதிகமான பலன் தரக்கூடியதுமான இச்சிகித்ஸா முறையை அறிந்தவர்களிடமிருந்து சுற்றுக் கொண்டு அதை யுபயோகித்து ஜனங்களெல்லோருக்கும அதனால் பெரும் உபகார முண்டாகும் படிக்கு கருணைக்கடலாகிய ஸ்ரீதன்வந்தரியை பூஜிப்பாராக.

சரீர புஷ்டி பலம் உண்டாவதர்க்கு

## சியவனப்ராச லேஹ்யத்தை

## உபயோகியுங்கள்.

புதிய நெல்லிக்கனிகளைக் கொண்டும் பல மூலிகைகளைக் கொண்டும் செய்யப்பட்டது, மிகவும் உயர்ந்த ரஸாயனம் கபத்தை ஸுகமாக வெளிப்படுத்தும்.

(1) சுவாசம், இரைப்பு (சுவாஸம்) காஸம் முதலியவைகளில் விசேஷமாக உபயோகிக்கப்படுகிறது.

(2) இது பசியை அதிகப்படுத்தி இயற்கையாயுள்ள மலச்சிக்கலையும் போக்குவதால் காட்டிவர் ஆயில் என்னும் மீன் எண்ணைபை விட சிரந்ததாகும்,

(3) மனமகிழ்ச்சியைத் தரக்கூடிய ருசியுள்ளது.

(4) நீடித்து உபயோகித்து வந்தால் கஷ்டத்தைக் கொடுக்கக்கூடிய இருமல்களில் சுகமாக கபத்தை வெளிப்படுத்தும்.

(5) சரீர புஷ்டியை யுண்டாக்குவதில் சிறந்தது. அதிக ஸம்போகத்தினாலாவது வலிவின்மையினாலாவது உண்டாகும் கோளாறுகளையும் சரீரத்திலுண்டாகும் மற்ற கோளாறுகளையும் போக்கும்.

விலை 4 ஔன்ஸ் ரூ. 1—0—0 1 பௌன்ஸ் ரூ. 3—0—0

ஆந்திர ஆயுர்வேத பார்மஸி லிமிடெட்.,

19, ஹாரிஸ் ரோட், மவுண்ட் ரோட், மதராஸ்.

## தாளீஸாதி வடி (பில்ஸ மாத்திரைகள்).

ஜலுப்பு தொண்டைக்கம்மல் இருமல் முதலிய எத்தகைய சுவாஸப்பையைப்பற்றிய நோயிலும் மிகச் சிறந்த குணத்தை யளிக்கும்.

விலை 4 ஔன்ஸ் ரூ. 1—0—0 1 பௌன்ஸ் ரூ. 3—0—0

## தீர்விருத் லேஹ்யம்.

மலச்சிக்கல், மூலநோய் பித்த விகாரங்கள் முதலியவைகளில் உபயோகிக்கத்தகும். இது பேதி மருந்தல்ல, நீடித்து உபயோகித்தால் எப்பொழுதும் மலத்தை சரியாக வெளிப்படுத்தும்.

## தந்ததாவன சூர்ணம்.

சரச மானதும், சாஸ்திர முறைப்படி மருந்து சரக்குகளைக் கொண்டு தயார் செய்யப்பட்டது மாகிய பற்பொடி பற்களிலும் ஈறிலும் உண்டாக்கும் எல்லா நோய்களையும் போக்கும்.

விலை டப்பி 1-க்கு அணா. 0—3—0

## ஹிங்குவஷ்டக சூர்ணம்.

அஜீர்ணம், வயிற்றுநோய், ருசி சூலை, மாத விடாய்க் காலத்திலுண்டாகும் வயிற்றுநோய், விக்கல் முதலியவைகளில் நற்பயனை யளிக்கும். இதை மோரில் அல்லது உஷ்ணஜலத்தில் சாப்பிடவும்.

விலை 4 ஔன்ஸ் ரூ 1—0—0. 1 பௌன் ரூ. 3—0—0

## ஸுதர்சன சூர்ணம்.

விஷ (மலேரியா) ஜ்வரங்களில் சிறந்த குணத்தை யளிக்கும் ஆயுர்வேத ஔஷத தங்களில் சிரேஷ்டார் முக்கியமான ஔஷதம். மேலும் நெடுநாளாயிருக்கும் விஷஜ்வரங்களில் நல்ல கணத்தையளிக்கிறது, மற்றுமுள்ள எல்லா ஜ்வரங்களிலும் ப்ளேக் இன்ப்ளுயன்ஸாமுதலிய வைகளில் மிகச் சிறந்த குணத்தை யளிக்கிறது கிதாம்சாஸம், ஆனந்த பைரவ், தாதுலவண்ணிபாத பைரவி இவைகளில் ஏதாவதொன்றுடன் உபயோகித்தால் இன்னும் அதிக குணத்தை யளிக்கிறது.

விலை 4 ஔன்ஸ் ரூ. 0—10—0. 1 பௌன் ரூ 2—0—0

## சீதார்சுரஸம் (பில்வ மாத்திரைகள்).

பஞ்ச திக்த பாணகத்துடனாவது, ஸுதர் சனசூர்ணத்துடனாவது நிலவேம்பு கஷாயத்திலாவது உட்கொண்டால் விஷஜ்வரங்களில் மிகவும் உபயோகமாயிருக்கும். தனி யாகவும் உபயோகிக்கலாம். ஜ்வரவேகம் அதிகமாயிருக்கும்போது கொய்னாவை, த்ருதியாகக் கொடுப்பதை விட கொய்னாவினுடன் இதையும் சேர்த்துக் கொடுத்தால் நல்ல குணத்தை யளிக்கும். ஸாமான்ய ஜ்வரங்களிலும், ஸன்னிபாத ஜ்வரங்களிலும், உபயோக முள்ளதாக கண்டறியப்பட்டுள்ளது.

விலை 25 மாத்திரை ரூ 0—10—0

## சித்த மகரத்வஜம்.

க்ஷயரோய் முதலிய சீர்தாதுக்களைக் குறைக்கும் நோய்களில் கொடுத்து மிகவும் நன்மை யுண்டாயிருக்கிறது. மிகவும் உபர்த்த ரஸாயனம். எல்லோரும் உபயோகிக்கலாம். இரத்தத்தை சுத்திப்படுத்தும். ஹ்ருதயத்தை பலப்படுத்துவதில் சிறந்தது. ஹ்ருதயத்து டிப் புதரைச்சிருக்கும்போது உபயோகித்தால் நற்பயனை யளிக்கும் ஸ்வர்ண (பொன்) பஸ்மம் கஸ்தூரி டச்சைக்கற்பூரம் முதலிய விலையுயர்ந்த சரகுகளைக் கொண்டு செய்யப்பட்டிருக் கிறது. வியாலிஸ் நோயிலும அதைப்போன்ற மற்றநோய்களிலும் உபயோகிக்கத்தக்கது.

விலை 2 மாத்திரை பட்டி ரூ. 5—0—0

## சந்தனாதி வடி.

புதிதாக உண்டானதும் நெடுநாளாக நீடித்திருப்பதுமாகிய கனேரியா வெனப் படும் மேஹத்திலும் கல்லடைப்பு முதலிய ஸ்திரீகள் புருஷர்கள் இருபாலருக்கும் உண் டாகும் நோய்களில் மிகவும் உபயோகரமானது, சிறுநீர் இரங்கும்போது உண்டாகும் எரிச் சல் நோவு மசர்சல் முதலியவைகளை போக்கும் வெகு சீக்கிரத்தில் சீழ் முதலியது வெளிப் படுவதை நிறுத்தும் மேல் சொல்லியுள்ள நோய்களுக்காக உபயோகிக்கத்தக்க ஆயுர்வேத ஔஷதங்களில் இது சிறந்ததாகும். விலை 25 மாத்திரை ரூ. 1—0—0

# ஆந்திர ஆயுர்வேத பார்மஸி லிமிடெட்,

## முகவுறை.

இந்த ஔஷதசாலை 1920ஹ, ஆயுர்வேத முறைப்படி செய்யப்பட்டு எக்காலத்திலும் எல்லோராலும் அங்கீகரிக்கப்பட்ட ஆயுர்வேத ஔஷதங்கள் வேண்டும்போது வேண்டிய அவ்வளவு சரியாக கிடைப்பதில்லை யென்கிற குறையை தலைப்பதன் பொருட்டு, டாக்டர் ஆ. லக்ஷ்மீபதி அவர்களால் மூன்று லக்ஷரூபாய் மூலதனத்துடன் ஸ்தாபிக்கப்பட்டது. கீழ் கண்டவைகள் இதன் முக்கிய உத்தேசங்கள்.

(1) எல்ல மருந்து சரக்குகளையும் மூலிகைகளையும் சேகரித்தல், பயிராக்குதல், தற்சமயம் வழக்கத்திலில்லாதவைகளைக் கண்டு பிடித்தல், கெட்டுப் போகாமல் கப்பாற்றி வைத்தல், வேண்டுமவர்களுக்கு நியாயமான விலைக்கு கொடுத்தல் முதலியவை.

(2) பண்டைக்காலத்தியவையும் தற்காலத்தியவையுமாகிய ஸாதனங்களைக்கொண்டு முக்கியமான மருந்துகளை யெல்லாம் செய்தல்.

(3) ஆயுர்வேத சாஸ்திரத்தை யபிவிருத்தி செய்யக்கூடியவையும் ஆயுர்வேத விஷயங்களை அறிவுருத்தக் கூடியவையும் மாகிய தண்டுக் காகிதங்கள், பத்திரிகைகள், புத்தகங்கள் முதலியவைகளைப் பிரசுரித்தல்.

இவ்வௌஷத சாலையை ஆரம்பித்த கொஞ்ச காலத்திற்குளளாகவே இதில் செய்யப்படும் ஔஷதங்களின் பரிசுத்தத் தன்மைக்காகவும் சிறந்த குணத்திற்காகவும் நற்புகழ் உண்டாயிருப்பது திர்ப்தியாக விருக்கிறது அகில இந்திய ஆயுர்வேத மகாநாட்டிலும் மற்ற மகாநாடுகளிலும் முதல்தரப் பொற்பதக்கங்களை பரிசளித்ததற்கேற்ப பொது ஜனங்களும் வைத்தியர்களும எங்களிடத்தில் வைத்திருக்கும் நம்பிக்கை பெரும் பரிசாக இருக்கிறது.

தற்சமயம் கிடைக்கும் அனேக ஔஷதங்கள் சாஸ்திரப பெயருள்ளவை யாயிருப்பினும் சாஸ்திர முறைப்படி செய்யப்படாமல் சாஸ்திரத்தில் சொல்லியுள்ள முக்கியமான சரக்குகள் கூட சேர்க்கப்படாமல் செய்யப்பட்டவை யென்கிறதை கவனிக்கும் படியாகவும், மருந்துகளைப் பரிசுத்தமாகச் செய்யும் எங்கள் பார்மஸியின் மருந்துகளாவென்றறிய மருந்தின் மேல் "ஆந்திர" என்கிற பதத்தை கவனிக்குமாறும் கேட்டுக் கொள்ளுகிறோம். எங்கள் கம்பெனியின் ஆந்திர ஆயுர்வேத பார்மஸி லிமிடெட் என்கிற முழுப்பெயரையும் கவனிப்பீர்களாக சாஸ்திரப்படி செய்யபபட்டு உபயோகப்படுத்தப்பட்டு பயனுள்ளவை களெனக் கண்டறிந்த சில ஔஷதங்களை எல்லோருடைய உபயோகத்தின் பொருட்டு கீழே குறிப்பிடுகிறோம்.

## அச்வகந்தாதி லேஹ்யம்.

பலஹீனமாயிருப்பவர்களுக்கும் அதிகமாக படிக்கிறவர்கள் அதிகமானயோஜனை, யுள்ளவர்கள் இவர்களுக்கும் ஓர் சிறந்த ரஸாயனம்.

விலை 4 ஔன்ஸ் ரூ. 1—0—0 1 பௌன் ரூ. 3—0—0

## பூஸ்தகாதி வடி.

இது முக்கியமாக அஜீர்ணத்திலும், கால்ரா (விஷூசி) நோயிலும் சிறந்த குணத்தைத்தரும (நீரைக்குறைக்காது) பலபையும் உண்டாக்கும் 25 மாத்திரைகள் அணா 8.

# ப்ருங்காமலக தைலம்.

(வை சி. ப. 533.)

இதைலத்தை தினந்தோறும் தலையில் தேய்த்துக்கொண்டும் மூகனின்வழியாக மூன்று அல்லது நான்கு துளிகள் நஸ்யமாக உபயோகித்துக்கொண்டு வந்தால் சிரோரோகங்களைப் போக்கும் மேலும் கேதிர ரோகங்கள் அபஸ்மார்ம் (காக்கைவலி) காதுகுத்தல், உன்மாதம் (வெறி) கபரோகங்கள் முதலியவைகளைப் போக்கி தலைமயிரை வண்டுபோல் நல்ல கருநிறமுள்ளதாகச் செய்யும்.

விலை 4 ஔன்ஸ் ரூ. 1—0—0
1 பௌன் ரூ. 3—0—0

# சந்தனாதி தைலம்.

கூந்தலெண்ணை. (Hair oil.)

இந்தைலத்தை தினந்தோறும் தலைக்கு தேய்த்துவந்தால தலையில் உண்டாகும் பொடுவு, முதலியவைகளைப்போக்கி குளிர்ச்சியை உண்டாக்கும். தலைநோய், தலைசுற்றல், முதலிய நோய்களை தீர்க்கும். தலைமயிர் உதிர்வதைத்தடுத்து, (தலைமயிருக்கு) நல்ல வலிவை உண்டாக்கி மயிரை நல்ல கருநிறமுள்ளதாகவும் செய்து நன்றாய் வளரும்படியும் செய்யும. இது அதிக மூலிகைகளைக் கொண்டு வதல மூர்ச்சை செய்யும் (எண்ணையை சுத்தப்படுத்தும்) முறையையும் அநுஸரித்து தயார் செய்யப்பட்டது. இது நல்ல வாஸனையோடு இருப்பதால் மனதுக்கும இன்பமளிப்பதாகும்.

2 ஔன்ஸ் விலை ரூ 1—0—0
பவுன் விலை ரூ 7—0—0

ஆந்திர ஆயுர்வேத பார்மஸி லிமிடெட்.,
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# AN APPEAL FOR FUNDS.

## AN AYURVEDIC COLLEGE, LABORATORY & HOSPITAL AT RISHIKUL HARDWAR.

### THE PLEA FOR AN AYURVEDIC COLLEGE, LABORATORY AND HOSPITAL

The high death rate of our countrymen, and the comparative inadequacy and unsuitability of the foreign methods of treating diseases have been engaging the serious attention of the people and the Government for some time past. It is estimated that the average life of an Indian is 23 years and 6 months, whereas that of the average European is 40. The physicians who are well-versed in Western methods of treatment are infinitesimally small ( 1 in 5000 ; and they treat only about 10 p. c. of the population, for which the Government of India has to spend about Rs. 2¼ crores every year ) and their systems and the medicines are limited in scope and unsuited to the habits and constitutions of the people, and after all very expensive. The question then naturally arises—Is there no remedy ? Our answer is very simple—Revive the old and indigenous system of Ayurvedic treatment.

The Ayurveda has a long and glorious past. It is based upon long years of patient research and careful experiment. It has served as the basis of the Unani system prevalent in Arabia and Persia, and has been the source of almost all empirical knowledge in the Allopathic system. The fact that inspite of the cruel neglect to which the Ayurvedic system of treatment was subjected during the past few centuries, it still lingers in the cottages of its few devoted votaries and has at times effected clever and remarkable cures, indicates that it has a mission to fulfil, a useful purpose to serve. While the followers of the Western Schools are introducing into the British Pharmacopæa many useful Ayurvedic medicines such as Kurchi, Vasaka and Arjunam etc., which have no parallel in theirs, it is really a matter of deep regret that we should allow this ancient learning to die.

It is true that the Ayurvedic System of treatment now seems to be receiving some attention, but it has not been revived as yet, and the signs of a feeble pulsation only are noticeable. The Ayurvedic Mahamandal of Allahabad and Madras have now been working with vigour and ardour, and the more such institutions are started, the better for the future of India. It is needless to emphasise the importance of reviving the system. The truths discovered by the ancient Rishis about the efficacy of indigenous drugs in effecting marvellous cures without modern methods of painful operation, are too patent to be ignored Vivisection for scientific purposes and painful surgical operation were unknown to the ancient system. If a system of medicine is to be judged by its results alone our Ayurvedic system, when weighed in the balance, would not be found wanting In villages in particular, this system, owing to its inexpensive character

Chronic diseases and malaria, regarded as incurable in other systems, are most successfully treated by the indigenous method to the wonder of the modern physicians.

With a view therefore, to revive the old Ayurvedic lore in its pristine purity, and to bring into prominence once more the ancient system of treatment in the land of its birth, the Rishikul Brahmacharya Ashram at Hardwar proposes to open an Ayurvedic College, after a careful deliberation over the matter with a body of eminently qualified medical men holding a truly representative character in the present Ayurvedic world.

The central position of Hardwar, its bracy climate, the charming natural surroundings of the place, the facility of acquiring land, and the plentiful supply of rare Ayurvedic plants in the vicinity, makes the place peculiarly suitable for starting such an institution. Besides, Hardwar is a place visited by hundreds of thousands of Hindu pilgrims from all parts of India throughout the year, and on some special occasions like Kumbh and Mahavaruni Melas, a number of them fall victims to cholera ; but there is no hospital on Ayurvedic system to help them. Therefore Hardwar is the place best suited for the establishment of an Ayurvedic College with a Laboratory and a Hospital.

Researches in Ayurvedic medicines with a laboratory is a great desideratum. The preparation of Ayurvedic medicines according to ancient methods is one of the crying needs of the country. If once a decent start be made in this direction, then surely a revolution will take place in the medical world. The cheap efficacious medicines of this system will surely oust the foreign remedies from the land, and if preparation could be made for trade under direct supervision of really qualified Vaids, then its popularity would rise by leaps and bounds. A sum of Rs 3½ lacs has been estimated as the minimum with which a decent start could be made. Regard being had to the magnitude of the task, the sum proposed is a very modest one. We know that we are passing through a very critical time owing to the late unhappy world-war and the economical stress which has followed in consequence. But for a noble and philanthropic cause like this the people of India will never be behindhand, even in this time of stir and stress, and we are sure that high-minded nobility of the land and Chiefs and Rulers of Indian States, would not hesitate to come forward to advance such a great far-reaching cause.

It is to be noted with pleasure that a class was started at the Annual meeting of Rishikul Ashram at Hardwar on the 12th April, 1919, the auspicious day of Mekhi, the Annual Bathing Day in the holy waters of Shri Ganga Ji, in anticipation of Government and public support, in which 9 students were admitted in the First Year class. This College will be open to the meritorious students of Sanskrit from all parts of Bharat Varsha.

We, therefore, fervently appeal to all, the masses and the classes alike, the rich and the poor, the high and the low, to loosen their purse-strings and subscribe their quota for the advancement and regeneration of the country, and we are certain our appeal will not be in vain.

## SCHEME IN DETAIL.

| **Non-Recurring Charges :—** | | Estimate of Cost |
|---|---|---|
| Building, including Lecture rooms, Laboratory, Indoor and Outdoor Dispensary, Beds for about 50 patients, Gardens etc. ... ... ... ... | Rs. | 80000 |
| Library ... ... ... ... ... | Rs. | 2000 |
| Museum ... ... ... ... ... | Rs. | 2000 |
| Drugs and Ingredients etc. ... ... ... | Rs. | 12000 |
| Furniture etc., Skeletons etc. ... ... | Rs. | 4000 |
| | Total Rs. | 1,00,000 |

| **2. Recurring Charges Monthly :—** | | |
|---|---|---|
| Salaries of the staff ... ... ... ... | Rs. | 1000 |
| Menial establishment ... ... ... .. | Rs. | 200 |
| Distribution of free medicines to poor patients ... | Rs. | 300 |
| | Total Rs. | 1500 |

It is expected that one-third of this amount will be recovered by the sale of medicines, and for the rest, Rs. 2,40,000 are required to give an interest at 5% to defray two-thirds of the recurring charges.

1. Hon'ble Lala Sukhbir Sinha, (President, Rishikul Brahmcharya Ashram) President, Rishikul Ayurvedic College Committee.
2. Pandit Anand Narayan, Vakil, (Ex-President, Rishikul Brahmcharya Ashram) Dehra-Dun.
3. Bhagatraj Lala Buldeo Singh, (Vice-President, Rishikul Brahmacharya Ashram).
4. Pandit Durgadat Panth, Kashipur.
5. Sirdar Inder Raj of Jawalapur.
6. Pandit Baij Nath Choubey, Calcutta.
7. Pandit Hari Ballabh Sharma, M. A., Principal, Rishikul Brahmcharya Ashram.
8. Babu Jwahir Mul Khemka, Calcutta.
9. Babu Chimman Lal, Guneriwala, (Hony Secretary, Rishikul Sahayak' Committee) Calcutta.
10. Babu Daulat Ram Chokhani, Calcutta.
11. Babu Suraj Mul Jalan, Calcutta.
12. Babu Balmukand Ruia, Calcutta.
13. Babu Kanhia Lall Bagla, Delhi.
14. Pandit Narayan Dutta Sharma, (Vaidyaraj, Rishikul Brahmacharya Ashram).
15. Pandit Bhola Nath Sharma, Calcutta.

## (I)

## Ayurveda Shashtri Pariksha.

Names of Books

**I Year :—**(1) "Madhava Nidan" (900 Shlokas ) excluding Madhukosh commentary.

(2) "Bhava Nighantu" ( Bhava Prakash ) up to Batadibarga or Dravyaguna Samgraha of Chakradatta.

(3) "Ritucharya," "Ratri Charya" and "Dina charya."

(4) "Chakradatta" 1st Half.

(5) Elementary Knowledge of English.

(6) "Bhava Sharira Prakarana."

(7) "Yoga Ratnakar" up to "Kalajnana"

(8) Paribhash Pradip by Gangadhar.

**II Year :** (1) "Madhava Nidan" (The remaining portion).

(2) "Bhava Nighantu" or Dravyaguna Samgraha of Chakradatta. (Remaining portion)

(3) "Chakradatta" (Remaining portion)

(4) "Rasaprakash"

(5) "Sharngadhar" Madhya Khandam.

(6) "Sharira Rachana" part by T. N. Varma

(7) "Nadi Binan Kanad.

(8) Elementary knowledge of English.

(9) Bandaging & application of medicines.

**III Year :** (1) Practical Course—Compounding & preparation of medicines and identification of medicinal plants.

(2) Hospital Practice.

(3) Sharira Rachana by T. N. Varma Pt. II.

(4) Physiology along modern lines.

(5) Dispensary Work.

(6) Hygiene, First Aid, et

## (II)

## Ayurveda Mahopadhyaya

**I Year :—**

Paper I. Charak, Sushrut, Bagbhat, Nidan portion, Madhukosh commentary on Madhava Nidan and Kalpa portion.

Paper II. Bagbhat, Sushrut ( Sharirik portion ).

„ III. Charak ( chapters on Sharira Biman, Indriya and Siddhi )

„ IV. "Pratyaksha Sharir" with Upodghata by Kabiraj Gana Nath Sen. Physiology and Anatomy under an Allopathic Doctor.

**II Year :—**

Paper I. Charak, Sushrut and Bagbhat [Chikitsa and Uttara tantra portion]

II. Ayurveda Prakash of Madhava Rasendra Sara [Chikitsa portion]

III. "Prasuti Shastra" [Koumarbhritya] by Prasadi Lal Jha "Bachcha" by Kureshi.

IV. A practical course in Anatomy, Dissection, and Surgery.

**III Year :—**

[Practical] Pharmaceutical Chemistry, Dissection, Botany.

THE

# Indian Medical Association.

## MEMORANDUM OF ASSOCIATION

1. NAME.—The name of the Association is the INDIAN MEDICAL ASSOCIATION.

2. OFFICE.—The registered office of the Association is to be at Madras.

3. OBJECTS.—The objects for which the Association is established are:.

(*a*) The promotion of the Medical and allied sciences.

(*b*) The maintenance of the honour and interests of the medical profession in general and of the practitioners of Indian Medicine in particular.

(*c*) The maintenance of adequate standards of professional training.

(*d*) The maintenance of an "espirit de corps" among the members of the Association.

POWERS.—For the attainment of the above objects, the Association shall have power

(1) to hold periodical meetings of the members of the Association and of the medical profession generally in different parts of the country;

(2) to publish such information as may be thought desirable in the form of a periodical journal which shall be the Journal of the Association;

(3) to publish such transactions, books and leaflets as may be thought desirable for the promotion of its objects;

(4) to form branches all over the country; and

(6) Making provision in the Indigenous Hospitals

| Designation. | Name. | Address. | Occupation |
|---|---|---|---|
| PRESIDENT. | | | |
| | Khan Bahadur Mohamed Usman Saheb Bahadur. | Hakim Munzil, Broadway, Madras. | Medical Practitioner |
| VICE-PRESIDENTS. | | | |
| Ayurveda | Ayurveda Bhushana Pandit M. Doraiswami Aiyengar. | Vellala Street, Purasawakam, Madras. | Do. |
| Siddha ... | C. T. Muthiah Pillay ... | 16, Nallenna Mudali Street, G.T., Madras. | Do. |
| Unani ... | Hajee Hakeem Syed Makhdoom Ashroff Saheb. | Jam Bazar, Royapetah... | Do. |
| GENERAL SECRETARY. | | | |
| | Dr. A. Lakshmi Pathi, B A., M.B. & C.M. | 19, Harris Road, Mount Road, Madras. | Do. |
| SECRETARIES. | | | |
| Ayurveda. | Ayurveda Bhushana C. Bhanu Vaidyar. | Vepery, Madras ... | Do. |
| Siddha ... | C. S. Murugesa Mudaliar ... | Choolai, Madras | Do. |
| Unani ... | Hakim A. M. Abdus Salam ... | 12, Appu Maistry Street, G. T., Madras. | Do. |
| TREASURER. | | | |
| | Rao Bahadur A. Krishnaswami Ayyar. | Mylapore ... | Do. |
| MEMBERS. | | | |
| Ayurveda. | 1. Ayurvedacharya N. Madhava Menon. | 41, Acharappan Street, G.T., Madras. | Do. |
| | 2. Vydyaratna R. Bharata Sastri. | Triplicane ... | Do. |
| | 3. Bhishagraja Venkateswara Rao Mandalika. | Do. ... | Do. |
| | 4. Vydyavisarada K. A. Venkatachala Sastrigal. | Mylapore ... | Do. |
| | 5. Ayurvedabhushana K. Subramanya Sastri. | Chintadripet ... | Do. |
| Siddha ... | 1. C. T. Arumugam Pillai ... | 195, Mint Street, Madras. | Do. |
| | 2. C. Mathurai Muthu Mudaliar. | Triplicane ... | Do. |

| Designation. | | Name | Address | Occupation. |
|---|---|---|---|---|
| | 3 | C Shanmuganandaswami | Washermanpet ... | Do |
| | 4 | V Shunmugasundara Mudaliar | 61, Seven Wells Street, G T Madras | Do |
| | 5 | C Muthuswami Mudaliar | 18, Venkatesa Naik Street, G T, Madras | Do |
| Unani ... | 1 | Moulvi Hakeem Syed Shah Abdulla Hussain Saheb Razvi | Triplicane, Madras ... | Do |
| | 2 | Moulvi Hakim Syed Shah Mazuhaulla Saheb Madani | Do ... | Do |
| | 3 | Moulvi Hakeem Syed Shah Sibgatullah Sahib Hussaini Khadari Nur | Do ... | Do |
| | 4 | Moulvi Hakim Abdul Khader Ahmed Sahib | Do .. | Do |
| | 5. | Hakim Syed Nimatullah . | Royapetah ... | Do |

5. We the several persons whose names and addresses are hereto subscribed, have formed ourselves into an Association in pursuance of this Memorandum.

| No | Signature | Address | Signature of Witnesses. |
|---|---|---|---|
| 1 | (Sd) Md Usman .. | Hakim Manzil, Broadway, Madras | M O John, 10/A, Barracks Gate Road, Perambur |
| 2 | ( ,, ) N M Menon | 41, Acharappan Street, G T, Madras | |
| 3 | ( ,, ) C S Murugesa Mudaliar | Choolai, Madras | |
| | ( ,, ) M Duraiswami | Purasawakam, Madras | |
| 5 | ( ,, ) Hajee Hakeem Syed Makhdoom Ashroft. | Royapetah, Madras | |
| 6 | ( ,, ) V S Ramaswami | 85, Bells Road, Triplicane, Madras | |
| 7 | ( ,, ) A Lakshmi Pathi | 19, Harris Road Madras | 10—8—24 |

members at the time when the Rules come into operation.

2. Future members shall be those persons who, being eligible shall after the date when these Rules come into operation, be duly elected in such manner and upon such conditions as may be prescribed from time to time by the Bye-laws.

**Eligibility.**

3. Any practitioner of the Indian Medicine who possesses such professional qualifications as shall, subject to the Bye-laws, be prescribed by the regulations of the said branch shall be eligible for membership of the Association. Subject as aforesaid, the mode and conditions of election to membership shall from time to time be determined by or in accordance with the Bye-laws.

**Subscription.**

4. Every member shall pay to the Association a subscription of such amount as may, for the time being, be prescribed by the Bye-laws. The said subscription shall be considered due in advance on the 1st January each year or in the case of members admitted during the year, at the time of such admission.

5. Each year's subscription shall entitle the member to all the privileges of membership of the Association and to the ordinary privileges of membership of that branch of which he is a member.

6. The name of any member whose subscription is in arrears for over three years shall be liable to be removed from the list of members at a meeting of the Local Governing Body of that Branch of which he is a member, but he shall be eligible for re-admission on payment of all arrears due.

**Branches.**

7. The members of the Association shall be formed into seperate local bodies styled Branches.

8. In determining the boundaries or areas of the branches, the Central Governing Body shall have regard to the expressed wishes of the Local Governing Bodies concerned, to the facilities and opportunities afforded to members of Local Governing Bodies for meeting to transact the business thereof and to the expediency of making such boundaries coincide with the administrative divisions of the Presidency.

**Membership.**

9. Every member whose address as registered for the time being in the books of the Association is at a place situate within the area of any Branch, shall, *ipso facto*, be a member of that Branch and of no other.

**Autonomy.**

10. (*a*) Subject to the Rules, and the Bye-laws, each Branch shall be free to govern itself in such a manner as it shall think fit and for that purpose to make from time to time such Regulations as it may think fit and to repeal and alter the same, as and when it shall consider it expedient.

(*b*) The Regulations so made, and for the time being in force, shall be binding on the members constituting the Branch in reference to which they are made, provided that, except in cases specified in the Bye-laws, such regulations shall be submitted for approval to the Central Governing Body and shall not come into operation unless and until they are approved by that body.

11. (*a*) The affairs of the Association shall be administered by a Central Governing Body consisting of the following:—

making these enquiries and paying for any information of value that may be obtained regarding indigenous specifics.

One President.

Three Vice-Presidents (one for each of the three sections—Ayurveda, Siddha and Unani) who shall be *ex-officio* Presidents of their respective sections.

One General Secretary.

Three sectional secretaries (one for each of the three sections—Ayurveda, Siddha and Unani).

One Treasurer.

Fifteen other members five from each of the three sections—Ayurveda, Siddha and Unani.

(*b*) Of the above mentioned office-bearers, the President, the Vice-Presidents, the General Secretary, the three sectional secretaries, the Treasurer and at least three other members of the Central Governing Body shall be elected from among members resident in Madras.

(*c*) The right of nominating candidates for being elected to the offices of President, General Secretary and Treasurer shall rest with one of the three sections—Ayurveda, Siddha and Unani by rotation.

12. All the office-bearers of the Central Governing Body shall be elected every three years at an Annual General Meeting and they shall hold office for three years.

**General Meetings.**

13. An Annual general meeting shall be held in the month of January every year, or as soon after as convenient, for the consideration of the annual report which shall include a statement of Accounts audited by the auditor.

14. The President, shall, upon the requisition in writing stating the purpose of the meeting of not less than 30 members, have a meeting of the Association convened within two months of the receipt of the requisition.

if the President does not convene the meeting, the requisitionists themselves shall convene the meeting and it shall be called an Extraordinary General Meeting.

15. The President may at any time convene a meeting of the Association for any general or special purpose. All such meetings shall be called Ordinary General Meetings.

16. For Annual General Meetings and Extraordinary General Meetings a notice of 15 days shall ordinarily be given. For Ordinary General Meetings a notice of 7 days shall be deemed to be sufficient. Members requiring information at the Annual General Meeting shall give at least 3 days notice in writing to the General Secretary stating the nature of the information required.

17. Every member shall have only one vote. The Chairman shall have a casting vote besides his own.

18. The President shall preside at all meetings of the Central Governing Body. In his absence, the members present shall elect one of the Vice-Presidents, and when no Vice- President is available, one from among themselves as Chairman of the meeting.

19. All questions shall be decided by a majority of votes.

**General.**

20. Interim vacancies occurring in the Central Governing Body shall be filled by the Governing Body at its next meeting.

21. Meetings of the Central Governing Body shall be held at least once in a quarter; the *quorum* for such meeting shall be five. If there be no *quorum* at any of such meetings, the same shall be adjourned to a date to be fixed by the President and no *quorum* shall be necessary for such adjourned meetings.

22. The *quorum* for Extraordinary General Meetings shall be 30.

23. The *quorum* for Ordinary General Meeting shall be 15.

24. The accounts of the Association shall be audited by a member or a duly qualified auditor, appointed at the Annual

General Meeting and his report shall be submitted along with th annual report. The first auditor snall be elected by the Governing Body.

25. The intrepretation of these Rules shall rest with th Governing Body. Its decision shall be final, unless altered by the General Body at its meeting.

26. The General Body has power to add to or modify Rules.

27. (*a*) The Governing Body has power to frame any bye-laws not inconsistent with the Rules of the Association and to add to, amend, alter or repeal the same.

(*b*) The Bye-laws shall come into force from such date as the Central Governing Body fixes and shall continue to be in force unless they are repealed by the General Body at its meeting.

28. The year for the Association shall be the English calendar year.

Certified to be a correet copy of the Rules.

(Signed) MD. USMAN.
( ,, ) N. M. MENON.
( ,, ) C. S. MURUGESA MUDALIAR.
( ,, ) A. LAKSHMIPATHI.
*Members of the Central Governing Body.*

*Date* 10—3—1924.

ARTISAN & CO., WALLAJAH ROAD, MADRAS.

List of the subscribers

| | |
|---|---|
| . The Hon'ble Lala Sukhbir Sinha, Muzaffarnagar. | |
| . Babu Bal[illegible]eo Dass, Dudhewawalla, Calcutta. | Rs. |
| 3. Babu Kesoram, Pedder, Calcutta. | Rs 11 |
| 4. Rai Theoprasad, Jhunjhuniwala, Calcutta. | Rs 1100 |
| 5. Babu Sooraj Mull, Jalan. Calcutta. | Rs 1100 |
| 6. Rai Bahadur Onker mull, Jatia Calcutta. | Rs 1100 |
| 7. Rai Bahadur Hariram, Goneka, Calcutta. | Rs 1100 |
| 8. Rai Bahadur Ramori mul. Calcutta. | Rs1000 |
| 9. Lala Buldeo Singh, Dehra Dun. | Rs 500 |
| 10. Babu Balmukand, Rula, Calcutta. | Rs 500 |
| 11. Babu Jonar mull, Khemka, Calcutta. | Rs 500 |
| 12. Babu Chimmon Lal, Guneriwala, Calcutta. | Rs 500 |
| 13. Babu Rang lal, Jojodia, Calcutta. | Rs 500 |
| 14. Babu Harmukh Roy Daulat Ram, Calcutta. | Rs 250 |
| 15. Sukhsukh Roy Sagarmull, Calcutta. | Rs 250 |
| 16. Seth Baldev Dass, Bidla, Calcutta. | Rs 50 |
| Total. | Rs 118504/- |
| 17. U. P. Government. | 50,000/- |
| 18. Seth Lachmichand. Dehra Dun. | 5,000/- |
| 19. Kaviraj Gananath Sen, Calcutta. | 1,000/- |
| 20. H. H. the Maharaja Tala Chief of Kashmir | 174504/- |

(3) Utilisation of the income from the [illegible] charlu for establishing a Chair of Ayurveda as desired by Will.

(4) Provision for the teaching of the Unani system.

(5) Institution of 24 scholarships for the Unani course and

# Government of his highness the Maharaja of Mysore.

## FINANCIAL DEPARTMENT.

**G. O. No. 253-5—Muz. 368-26-19, dated 1st August 1928.**

**Re-organisation.**

Sanctions the — of the Ayurvedic College, Mysore.

READ—

Correspondence ending with Letter No C. 1188 of 1923-24, dated 2nd April 1928, from the Muzrai Commissioner in Mysore, submitting proposals for the re-organisation of the Ayurvedic College and for the teaching of the Unani System as well.

ORDER No. 253-5—MUZ. 68-26-19, DATED 1ST AUGUST 1928.

The question of re-organising the Ayurvedic College at Mysore has been under the consideration of Government for some time past. It was considered desirable to consult some Medical men regarding the lines on which the College might be re-organised, and the gentlemen addressed have been good enough to favour Government with their views on this subject. When the Anna Chattrams were abolished it was decided to utilise half the savings resulting from their abolition for the encouragement of the indigenous systems of medicine, both Ayurvedic and Unani, and the savings available for this purpose have now been ascertained.

2. Government are pleased to sanction the re-organisation of the College as in the statement appended to this order. The chief features of the revision are the following:—

(1) Increase in the strength of the staff and improvement of their pay.
(2) Increase in the number of scholarships for the Ayurvedic course from 20 to 40.
(3) Utilisation of the income from the endowment of the late Mr. Gopalacharlu for establishing a Chair of Ayurveda as desired by him in his Will.
(4) Provision for the teaching of the Unani system.
(5) Institution of 24 scholarships for the Unani course and
(6) Making provision in the Indigenous Hospital at Mysore for 24 beds for in-patients for giving clinical instructions to the students of the College.

3. The Muzrai Commissioner has suggested the employment of an expert from outside as Principal of the College. Enquiries may be made as to whether it is possible to obtain the services of an expert in Ayurveda on the salary proposed by the Commissioner. In the meantime, the charge of the College will be entrusted to the Head Master.

4. The Ayurvedic and Unani systems of medicine are largely practised in some parts of India, and it is desirable to give opportunities to Officers of the Medical Department and passed students of the Ayurvedic and Unani College to visit places where there are eminent practitioners of these systems and obtain information of value regarding their drugs and methods of treatment. A sum of Rs. 2,500 will be allotted annually for this purpose

5. It is believed that there are indigenous specifics in use which sometimes prove valuable remedies in treating certain diseases and it is desirable to make enquiries about such specifics and popularise their use if the virtues claimed for them are proved. An annual provision of Rs. 500 will, for the present, be made for making these enquiries and paying for any information of value that may be obtained regarding indigenous specifics.

t is kind. All expenditure on the encouragement of the indigenous systems including the outlay on Ayurvedic and Unani College as well as the Hospital that goes with it will hereafter be shown separately under "Medical" and the contributions received in aid of these institutions will be shown in reduction of total charges.

7. The total annual cost of the measures sanctioned in this order amounts to Rs. 35,000 as shown in the appended statement. Making allowance for contributions received from the Chattram Savings Fund—Rs. 15,000, the Municipal and District Funds—Rs. 1,872 and interest on the endowment made by the late Mr. Gopalacharlu — Rs. 1,000, the net expenditure to be borne by Government is Rs. 17,128, involving an excess of Rs. 7,628 over the grant in the current year. A sum of Rs. 2,500 will also be allowed for meeting the initial non-recurring charges of the college and the Hospital.

8 It is proposed to provide for the teaching of the Unani system in the College as re-organised and also to admit some inpatients for treatment according to that system and accordingly two Hakims of high standing in their profession will be added to the College Committee. The syllabuses for the Unani course will be drawn up by the Committee.

9 A schedule of demand for a supplementary grant to cover the excess expenditure chargeable to State Funds in the current year will be placed before the Legislative Council at the next Session.

B. SRINIVASA IYENGAR,
*Secretary to Government,*
*Financial Department.*

To—The Muzrai Commissioner in Mysore.
The Comptroller to Government.
The Senior Surgeon.

Exd.—P. S. R. N.

No. 253-5--Muz. 368-26-19 dated 1st August 1928.

Proposition Statement showing the existing and sanctioned scales of the Ayurvedic and Unani College and Hospital.

| Existing scale | Amount | Sanctioned scale | Amount |
|---|---|---|---|
| I. COLLEGE. | Rs a. p. | I COLLEGE. | Rs a p |
| 1 Ayurvedic Staff — | | 1. Ayurvedic Staff — | |
| Head Master (150—10—200). | 183 5 4 | Head Master (100—10—150).. | 137 8 0 |
| Senior Pandit .. | 35 0 0 | Gopalacharlu Professor of Ayur- | 137 8 0 |
| Assistant Pandit .. | 30 0 0 | veda (100—10—150). | |
| Compounder .. | 20 0 0 | 2 Pandits (40—4—60) .. | 110 0 0 |
| Writer .. .. | 20 0 0 | | |
| Peon .. .. | 11 0 0 | | |
| Peon .. .. | 10 0 0 | | |
| Total .. | 309 5 4 | Total | 385 0 0 |
| | or 3,712 0 0 per year. | | or 4,620 0 0 per year |
| 2. Unani Staff.— | Nil | 2. Unani Staff.— | |
| | | 1 Senior Teacher (75—5—100). | 93 12 0 |
| | | 3 Junior Teachers (40—4—60). | 165 0 0 |
| | | Total .. | 258 12 0 |
| | | | or 3,105 0 0 per annum |
| | | 3. General Staff.— | |
| | | 1 Demonstrator (30—2—40) .. | 37 8 0 |
| | | 2 Peons (1 on Rs 12 and 1 on Rs. 11 each | 23 0 0 |
| | | 1 Sweeper .. | 10 0 0 |
| | | Total | 70 8 0 |
| | | | or 846 0 0 per annum |
| 3. Contingencies.— | 1,208 0 0 | 4. Contingencies .. | 1,670 0 0 |
| II. SCHOLARSHIPS. | | II. SCHOLARSHIPS. | |
| 1st year five at Rs. 8 .. | 40 0 0 | 1st year 16 at Rs. 12 each for 10 months. | 192 0 0 |
| 2nd do 10 .. | 50 0 0 | 2nd do do | 192 0 0 |
| 3rd do 12 .. | 60 0 0 | 3rd do do | 192 0 0 |
| 4th do 12 .. | 60 0 0 | 4th do do | 192 0 0 |
| Total .. | 210 0 0 | Total .. | 768 0 0 |
| | or 2,520 0 0 per year | | or 7,680 0 0 per annum |
| Total of I and II .. | 7,440 0 0 per year | Total of I and II .. | 17,921 0 0 per year |
| III HOSPITAL. | | III. HOSPITAL. | |
| (i) Ayurvedic Staff — | | (i) Ayurvedic Staff.— | |
| Assistant Pandit .. | 40 0 0 | Allowance to Resident Medical Officer | 25 0 0 |
| | | | or 300 0 0 per annum |
| Compounder .. | 26 0 0 | 1 Pandit (60—4—80) | 75 0 0 |
| Three Peons .. | 30 0 0 | 1 Junior Pandit (40—2—60) | 55 0 0 |
| | | 2 Compounders (20—2—30) | 55 0 0 |
| | 96 0 0 | | |
| | or 1,152 0 0 per annum | Total | 185 0 0 |
| | | | or 2 220 0 0 per annum |

Proposition Statement showing the existing and sanctioned scale of the Ayurvedic and Unani College and Hospital—*(concluded)*

| Existing scale | Amount | Sanctioned scale | Amount |
|---|---|---|---|
| | Rs. a p. | | Rs. a. p |
| (ii) Unani Staff.— | | (ii) Unani Staff.—— | |
| 1 Hakeem .. | 80 0 0 | 1 Hakeem (60—4—80) .. | 75 0 0 |
| 1 Assistant Hakeem .. | 40 0 0 | 1 Junior Hakeem (40—2—60). | 55 0 0 |
| 2 Compounders at Rs 13 each. | 26 0 0 | 2 Compounders (20—2—30) .. | 55 0 0 |
| Total .. | 146 0 0 | Total .. | 185 0 0 |
| | or 1,752 0 0 per annum | | or 2,220 0 0 per annum |
| | | (iii) General Staff — | |
| | | 4 Ward boys at Rs. 12 each .. | 48 0 0 |
| | | 1 Waterman do 10 .. | 10 0 0 |
| | | 1 Cook do 15 .. | 15 0 0 |
| | | 3 Nurses do 25 each .. | 75 0 0 |
| | | 1 Sweeper do 10 .. | 10 0 0 |
| | | 1 Scavenger do 10 .. | 10 0 0 |
| | | 1 Clerk (30—1—35) .. | 33 12 0 |
| | | 3 Peons at Rs 11 each .. | 35 0 0 |
| | | Total .. | 234 12 0 |
| | | | 2,817 0 0 per annum |
| (iii) Medicines.— | | (iv) Medicines — | |
| Medicines .. | 60 0 0 | Diet, bedding and clothing and etc. | 4,542 0 0 |
| | or 720 0 0 per annum | Contingencies .. | 370 0 0 |
| Total of III .. | 3,624 0 0 per annum | Total of III .. | 12,469 0 0 |
| IV. Library and Museum.— | Nil | IV. Library and Museum.— | |
| | | 1 Librarian and Caretaker .. | 30 0 0 |
| | | | or 360 0 0 per annum |
| | | 2 Books and contingencies .. | 500 0 0 |
| | | Total .. | 860 0 0 per annum |
| V. Herb Garden — | | V. Herb Garden — | |
| 1 Maistry .. | 15 0 0 | 1 Maistry .. | 15 0 0 |
| 2 Peons on Rs. 10 each .. | 20 0 0 | 3 Gardeners (2 on Rs 12 each and 1 on Rs. 11) | 35 0 0 |
| | 35 0 0 | | 50 0 0 |
| Total .. | 420 0 0 per annum | Total .. | or 600 0 0 per annum |
| Contingencies .. | Nil | Contingencies . | 150 0 0 |
| | | Total .. | 750 0 0 |
| | | VI Deputation study charges .. | 2,500 0 0 |
| | | VII. Encouragement of specifics and remedies of proved value. | 500 0 0 |
| | | Grand Total .. | 35,000 0 0 |

WD 434—GPB—875—14 8 28

APPENDIX TO NOTES.

SCHEME OF A TIBBI COLLEGE AT PATNA.

*Session—*

The session will commence in the month of *Id-ul-Fitr* and terminate in *Shaban*.

*Period of training—*

There will be courses of study for 4 years.

*Number of admissions—*

Not more than 40 students will be admitted in the first year class every year.

*Qualifications for admission—*

(1) Those who have passed the Maulavi examination of Madrasa Board.

(2) Those who have passed the Matriculation examination from any recognized university with Urdu as the vernacular subject.

(3) Those who may pass a test examination in Arabic and Urdu equivalent to the standard of Maulavi and Matriculation examinations respectively.

*Fees—*

Admission fee will be Rs. 5 and tuition fee is Re. 1 in the first year, Rs. 2 in the higher classes.

*Examination—*

Examinations will be held each year and students passing at these examinations will be promoted to the next higher class. There will be a final examination after the 4th year on passing of which students will get a diploma of Tib.

*Subjects to be taught—*

(1) Practice of medicine (Tibbi)—(Tariqa-i-Elaj).

(2) Theraputics (Tibbi)—(Moalja mai Sadabir).

(3) Midwifery—(Fan-i-Qabla).

(4) Physiology.

(5) Pathology.

(6) Diagnosis of diseases—Clinical lectures at the *Matab*.

(7) Bacteriology.

(8) Pharmacology.

(9) Pharmacy and Dispensary—Clinical lectures at the outdoor patients department.

(10) Anatomy.

(11) Surgery.

ESTIMATE OF EXPENDITURE.

| | Rs. |
|---|---|
| *Recurring—* | |
| 1. One Tabib to act as Superintendent and to teach practice of medicine, Theraputics, midwifery. | 200 |
| 2. One Tabib for teaching principles of Physiology, Pathology, Diagnosis of diseases and clinical lectures at the Matab. | 150 |
| 3. One Tabib of Material Medica, Pharmacology, Pharmacy, and dispensary and will also deliver lectures at the outdoor patients department. | 100 |
| 4. One subsidized medical man for Elementary Physiology, Pathology, and Bacteriology | 100 |
| 5. One subsidized medical man for elementary general Anatomy, midwifery (modern) and surgery (modern). | 100 |
| 6. One Apothecary (Attar) ... ... | 30 |

| | | |
|---|---|---|
| 9. Pharmacy and dispensary class expenses including medicines ... | | 30 |
| 10. Clerk and Librarian ... ... ... | | 30 |
| 11. Daftari ... ... ... | | 10 |
| 12. Office peon ... ... ... | | 10 |
| 13. Darwan ... ... ... | | 12 |
| 14. Sweeper ... ... ... | | 8 |
| 15. Waterman ... ... ... | | 0 |
| 16. Contingencies and stationery ... ... ... | | 10 |
| Total ... | | 827 |
| Total for 12 months (827 × 12) | = | 9,924 |
| Library (annually) ... ... ... ... | | 100 |
| Rent of a house annually ... ... ... | | 300 |
| (The 4 rooms in the old Madrasa building of Madrasa Islamia Shamsul Huda are being used as hostel. These rooms will be used for Tibbi classes and a house will be rented at Rs. 25 per month for the 12 boarders.) | | |
| Grand Total ... | | 10,324 |
| *Deduct* the pay of one Hakim in Madrasa Islamia Shamsul Huda which is being paid by Government Rs. 1,200. | | |
| *Deduct* also the income from the endowment of Mr. Nurul Huda Rs. 1,800. | | |
| *Deduct* Total ... | | 3,000 |
| Extra ... | | 7,324 |

RECEIPTS.

Receipts from fees are estimated at Rs. 3,000 annually.

*Deducting* this the net extra cost will be Rs. 4,324.

NON-RECURRING EXPENDITURE.

| | Rs. | a. | p. |
|---|---|---|---|
| (1) Furniture for class rooms, library and office ... | 500 | 0 | 0 |
| (2) One microscope ... ... ... | 250 | 0 | 0 |
| (3) Urine analysis apparatus, reagents, etc. ... ... | 100 | 0 | 0 |
| (4) Materia Medica museum specimens and apparatus for teaching Pharmacy ... ... ... | 150 | 0 | 0 |
| (5) Anatomy models, diagrams, skeletons with glass almirahs | 500 | 0 | 0 |
| (6) 6 measuring glasses (4 to 16 oz.) ... ... | 6 | 0 | 0 |
| (7) 2 measuring glasses (2 drms. to 1 oz.) ... ... | 2 | 0 | 0 |
| (8) One Tarazoo Batkhara ... ... ... | 4 | 0 | 0 |
| (9) Three knives . ... ... ... ... | 6 | 0 | 0 |

NON-RECURRING EXPENDITURE—*concld.*

| | Rs, | a. | p. |
|---|---|---|---|
| (10) Bottles, phials and cork ... ... ... | 25 | 0 | 0 |
| (11) 2 glass syring ... ... ... ... | 2 | 0 | 0 |
| (12) 2 brass syringe ... ... ... ... | 2 | 0 | 0 |
| (13) 4 kharals ... ... ... ... | 50 | 0 | 0 |
| (14) 3 Havin Dasta ... ... ... ... | 20 | 0 | 0 |
| (15) 2 copper *deg* ... ... ... ... | 100 | 0 | 0 |
| (16) 2 Nal Bhabka and babri of copper ... ... | 100 | 0 | 0 |
| (17) 3 degchi, copper ... ... ... ... | 30 | 0 | 0 |
| (18) 2 Karahi of copper ... ... ... | 6 | 0 | 0 |
| (19) 2 glass almirahs for keeping medicines, bottles and phials ... ... ... ... | 100 | 0 | 0 |
| (20) 2 Silaut and lorha ... ... ... | 5 | 0 | 0 |
| (21) 2 Baltis ... ... ... ... | 5 | 0 | 0 |
| (22) 3 chalnis ... ... ... ... | 3 | 0 | 0 |
| (23) 24 China clay pots for keeping ointments ... | 24 | 0 | 0 |
| (24) 2 copper pitchers ... ... ... | 25 | 0 | 0 |
| (25) 2 Kathouta ... ... ... ... | 5 | 0 | 0 |
| (26) 20 glass qarabas ... ... | 20 | 0 | 0 |
| (27) 2 racks for keeping qarabas ... ... | 20 | 0 | 0 |
| Total ... ... ... | 2,060 | 0 | 0 |

*Qualifications of Teachers.*—

Subsidized medical officers will be of the rank of Assistant Surgeons and Tabibs will be those who will either hold diplomas of renowned Tibbi institutions or will have good reputation and knowledge of Tib.

*Whether hostel accommodation is necessary?*—

No hostel accommodation is necessary. Most of the students of Tibbi College will be students of Madrasa Islamia Shamsul Huda in Alim and Fazil classes. The rest who will come from outside will prefer to live in private houses where they may get their food Even in Madrasa Islamia Shamsul Huda about half the students are non-boarders.

HASSAN SUHRAWARDY

*The 13th January* 1926.

## SCHEME OF AYURVEDIC COLLEGE, PATNA

*Session*.—The season will commence in July and terminate in June.

*Period of training*.—There will be courses of training for five years, viz.—1st year second year, third year, fourth year and fifth year.

*Admission of students*.—Forty students will be admitted into the 1st year class every year subject to their passing the test examination.

*Eligibility for admission to the test examination*.—

(1) Those who have passed the Matriculation examination from any recognized university

(2) Those who have passed the Madhyama examination in Sanskrit from any recognized institution

(3) Those who have passed the Final examination from any of the 1st grade training schools.

*Test examination*.—A test examination will be held in the College every year for selecting suitable candidates for admission in the following subjects —

(1) Elementary knowledge of Mathematics,

Rs. 2 in the higher classes.

*Examination.*—Examinations will be held each year of the first four classes and students passing at these examinations will be promoted to the next higher class. There be a degree examination for the 5th year students each year and the successful candidates get the diploma of Ayurvedacharya.

*Subjects to be taught.*—

(1) Anatomy with elementary physiology (Sharira Shastra).

(2) Materia Medica and Therapeutics: (Dravyaguna Shastra).

(3) Chemistry (Rasa Shastra).

(4) Physics (Bhowtik Vigyan).

(4) Hygiene (Swastha Vritta).

(5) Surgery (Shalyashalakya Tantra).

(6) Pathology and Symptomology of diseases (Nidan and Vikriti Vigyan).

(7) Mental diseases (Manas Rogadhikar).

(8) Taxicology (Agada Tantra).

(9) Practice of Medicine (Kaya-chikitsa).

(10) Midwifery (Prasuti Tantra).

(11) Diseases of children and women (Kawmar-bhritya).

(12) Prevention of diseases (Anagat badha Pratishedha).

*Curricula :—*

*First year.*—Anatomy with elementary physiology, Materia Medica and Chemistry.

*Second year.*—Pathology and Symptomology of diseases, Materia Medica, Chemistry, Hygiene with prevention of diseases.

*Third year.*—Practice of Surgey and Midwifery.

*Fourth year.*—Practice of medicine, diseases of children, Mental disease, accidental injuries.

*Fifth year.*—Taxicology, practice of medicine, out-door practice, preparation of 'Rasayan'.

## ESTIMATE OF EXPENDITURE.

(RECURRING.)

A.—*College.*

| | Rs. | a. | p. | |
|---|---|---|---|---|
| 1 Principal (Ayurvedacharya with modern medical education) to be in charge of Practice of medicine and midwifery. | 200 | 0 | 0 | per month. |
| 1 Senior Professor of Ayurved (Ayurvedacharya) to teach Materia Medica and Therapeutics, Pathology and Symptomology of diseases. | 150 | 0 | 0 | ditto. |
| 1 Junior Professor of Ayurved (Ayurvedacharya) to teach Hygiene and Prevention of diseases. | 100 | 0 | 0 | ditto. |
| 1 Junior Professor of Ayurveda (Ayurvedacharya) to be in charge of diseases of children and women. | 100 | 0 | 0 | ditto. |

| | Rs. | a. | p. | |
|---|---|---|---|---|
| 1 Junior Professor of Ayurved (Ayurvedacharya) to be in charge of Taxicology and Mental diseases. | 100 | 0 | 0 | per month. |
| 1 Allowance for an Assistant Surgeon to teach Anatomy, Physiology, Surgery and accidental injuries. | 100 | 0 | 0 | ditto. |
| 1 Graduate in Science to teach Chemistry and Physics | 100 | 0 | 0 | ditto. |
| 1 Clerk ... ... ... ... | 30 | 0 | 0 | ditto. |
| 1 Peon ... ... ... ... | 10 | 0 | 0 | ditto. |
| 1 Sweeper ... ... ... ... | 8 | 0 | 0 | ditto. |
| 1 Servant ... ... ... ... | 12 | 0 | 0 | ditto. |
| House-rent ... ... ... ... | 150 | 0 | 0 | ditto. |
| Contingencies and stationery ... ... | 15 | 0 | 0 | ditto. |
| Total ... | 1,085 | 0 | 0 | ditto. |

B.—*Dispensary and Pharmacy.*

| | | | | |
|---|---|---|---|---|
| 1 Vaidya ... ... ... ... | 50 | 0 | 0 | ditto. |
| 2 Compounders at Rs. 20 each ... ... | 40 | 0 | 0 | ditto. |
| 2 Servants at Rs. 10 each ... ... | 20 | 0 | 0 | ditto. |
| Medicines (raw materials) ... ... | 100 | 0 | 0 | ditto. |
| Total ... | 210 | 0 | 0 | ditto. |
| GRAND TOTAL ... | 1,295 | 0 | 0 | ditto. |

Total for 12 months (1,295 × 12) = Rs. 15,540.

RECEIPTS FROM FEES.

Receipts from fees are estimated at about Rs. 4,000 annually.

*Deducting* this the net cost will be Rs. 11,540.

NON-RECURRING EXPENDITURE.

*Furniture and Equipment.*

| | Rs. | a. | p. |
|---|---|---|---|
| Bench and desks, 2-seated, 40 in number ... | 500 | 0 | 0 |
| 24 chairs ... ... ... ... | 150 | 0 | 0 |
| Tables— | | | |
| 1 for examination and operation of patients ... | 200 | 0 | 0 |
| 8 tables for classes and office ... ... | 200 | 0 | 0 |
| 10 Almirahs ... ... ... ... | 500 | 0 | 0 |
| 2 racks ... ... ... ... | 50 | 0 | 0 |
| 1 Distiller (Kaimabik) ... ... ... | 200 | 0 | 0 |
| 4 Karahi at Rs. 15 each ... ... ... | 60 | 0 | 0 |
| 10 Kharal ... ... ... ... | 500 | 0 | 0 |
| 3 Imamdusta ... ... ... ... | 20 | 0 | 0 |
| 2 Gangal (Koath Bunane ke liye) ... ... | 50 | 0 | 0 |

| | | | | | | |
|---|---|---|---|---|---|---|
| 2 Sursi | ... | ... | ... | ... | 1 | 0 0 |
| 2 Silout and Lorha | ... | ... | ... | | 5 | 0 0 |
| 4 Compounding knives | ... | ... | ... | | 2 | 0 0 |
| 2 Eye-dropper | ... | ... | ... | ... | 1 | 0 0 |
| 2 Glass syringe | ... | ... | ... | ... | 2 | 0 0 |
| 2 Brass syringe | ... | ... | ... | ... | 2 | 0 0 |
| 2 Stethoscope | ... | ... | ... | ... | 20 | 0 0 |
| 5 Thermometers | ... | ... | ... | | 15 | 0 0 |
| 1 Standing scale | ... | ... | ... | | 10 | 0 0 |
| Tooth forceps case | ... | ... | ... | | 30 | 0 0 |
| Dressing instruments case | ... | ... | ... | | 40 | 0 0 |
| Douche with rubber tubes | ... | ... | ... | | 10 | 0 0 |
| 24 China clay pots for keeping ointments | ... | ... | | | 24 | 0 0 |
| Aourscope | ... | ... | ... | ... | 10 | 0 0 |
| Mouth-Gauge | ... | ... | ... | ... | 2 | 0 0 |
| Anatomical and Physiological charts | ... | ... | | | 500 | 0 0 |
| Skeleton bones with Glass Almirahs | ... | ... | | | 500 | 0 0 |
| 12 Cutting knives | ... | ... | ... | | 6 | 0 0 |
| 12 Big ones | ... | ... | ... | ... | 4 | 0 0 |
| 2 Saiawata | ... | ... | .. | ... | 4 | 0 0 |
| 2 Gandasa | ... | . | ... | ... | 2 | 0 0 |
| 6 Khurpi | ... | ... | . | ... | 5 | 0 0 |
| 4 Hasua | ... | ... | ... | .. | 2 | 0 0 |
| Bottles, phials and corks | ... | ... | ... | | 100 | 0 0 |
| 2 Copper pitchers | ... | ... | ... | | 25 | 0 0 |
| 2 Kathowta | ... | . . | ... | ... | 5 | 0 0 |
| 2 Kundi | ... | ... | ... | ... | 10 | 0 0 |
| 4 Measuring glasses (4 to 16 oz.) | | ... | ... | | 6 | 0 0 |
| 2 Measuring glasses (2 drams to 1 oz.) | | ... | ... | | 2 | 0 0 |
| 2 Spring scales (big) | ... | ... | ... | | 35 | 0 0 |
| 2 Tarazoo Batkhara | ... | ... | ... | | 4 | 0 0 |
| 1 Cork Press | ... | ... | ... | ... | 3 | 0 0 |
| 10 Funnels | ... | ... | ... | ... | 10 | 0 0 |
| Other small articles | ... | ... | ... | | 100 | 0 0 |
| Books for library | ... | ... | ... | | 500 | 0 0 |
| | | Total | ... | | 4,549 | 0 0 |

I have examined the scheme of the proposed Government Ayurvèdic College for Bihar and Orissa prepared by Pandit Shiva Chandra Misra, Ayurveda-charya Kavya Sankhya Tirtha Bishajbhushan, Professor of Ayurvedic, Dharma Samaj Sanskrit College, Muzaffarpur, which

is on this file, and have drawn up this scheme on the lines of the proposed scheme of the Ayurvedic faculty of the Hindu University, Benares, in consultation with him.

PRATAP SINHA,

*Kaviraj Bishag Mani, Ayurveda-visharad, Professor of Ras Shastra and Superintendent of the Ayurvedic Pharmacy, Hindu University, Benares, and A member of the United Provinces Government's Ayurvedic and Yunani Committee.*

श्री शीव चन्द्र मिश्र
(Sd. Shiva Chandra Misra)

*The* 10*th January* 1925.

Memo. no. 6639-L.S.G.

GOVERNMENT OF BIHAR AND ORISSA.

(Ministry of Local Self-Government)

To

The President,

Governing Bodies, Ayurvedic and Tibbi schools.

Patna, the 9th September 1936.

Subject - Establishment of an Ayurvedic and a Tibbi school at Patna.

Order - Government in the Ministry of Local Self-Government have been pleased to sanction the establishment of an Ayurvedic and a Tibbi school at Patna and the staff, contingencies etc., for the same as detailed in the accompanying statements. The funds required to meet the charges (both recurring and non-recurring) during the current year have already been allotted in Government order no. 6541-45-L.S.G., dated the 3rd September 1936.

2. The Ayurvedic school has been opened from the 26th July 1936 and the Tibbi school from the 24th July 1936.

3. The Accountant-General has been informed.

By order of the Governor of Bihar and Orissa,
(Ministry of Local Self-Government)

Sd/- B.K.Bandyopadhyaya,

Assistant Secretary to Government.

Memo. no. 6640-L.S.G.

Patna, the 9th September 1936.

Copy with a copy of the statement forwarded to the Finance Department for information and communication to the Accountant-General, Bihar and Orissa, in continuation of memo. no. 6543-45-L.S.G., dated the 3rd September 1936.

By order etc.,

Sd/- B.K.Bandyopadhyaya,
Assistant Secretary to Govt.

Memo. no. 6641-L.S.G.

Patna, the 9th September 1936.

Copy with a copy of the statement forwarded to the Inspector-General of Civil Hospitals, Bihar and Orissa, for information in continuation of memo. no. 6543-45-L.S.G., dated the 3rd September 1936.

By order etc.,

Sd/- B.K.Bandyopadhyaya,
Assistant Secretary to Govt.

## TIBBI SCHOOL.

### Recurring expenditure.

| | | |
|---|---|---|
| Pay of officers voted. | 1. Superintendent at Rs. 200 a month | 2,400 |
| | 1 senior professor at Rs. 150/- a month | 1,800 |
| | 2 junior professors at Rs. 100 each a month | 2,400 |
| | | 6,600 |
| Pay of establishment. | 1 head attar at Rs. 30/- a month | 360 |
| | 1 assistant attar at Rs. 20 a month | 240 |
| | 1 dispensary servant at Rs. 12 a month | 144 |
| | 1 clerk and librarian at Rs. 30 a month | 360 |
| | 1 office peon at Rs. 10 a month | 120 |
| | 1 servant (Darwan) at Rs. 12 a month | 144 |
| | 1 sweeper at Rs. 8 a month | 96 |
| | 1 waterman at Rs. 10 a month | 120 |
| | 1 daftary at Rs. 10 a month | 120 |
| | | 1,704 |
| Contingencies non-contract. | Rent of a house at Rs. 125 a month | 1,500 |
| | Contingencies and stationery at Rs. 15 a month | 180 |
| | Pharmacy and dispensary class expenses including medicines at Rs. 30/- a month | 360 |
| | Books for the library at Rs. 100 annually. | 100 |
| | | 2,140 |
| | Total | 10,444 |

### Non-recurring.

| | | |
|---|---|---|
| Pay of officers. | Pay of the Special Officer for 1 month and 13 days at Rs. 650/- a month i.e. actual pay Rs. 550/- plus an allowance of Rs. 100/- (19.6.1926 to 31.7.1926) divided half and half between the Ayurvedic and Tibbi schools. | 466 |
| | | 466 |
| Pay of establishment. | 2 orderly peons attached to the Special Officer at Rs. 12/- each a month for 1 month and 12 days (19.6.26 to 31.7.1926) divided half and half between the Ayurvedic and Tibbi schools. | 18 |
| | | 18 |
| Allowances voted. | Travelling allowance of 3 members of the Selection Committee - 2 from Lucknow one from Delhi at double first class plus Rs. 5/- a day for 7 days. | 745 |
| | Travelling allowance of the Special Officer and his one orderly peon in connection with his journey from Patna to Ranchi and back divided half and half between the Ayurvedic and Tibbi schools. | 50 |
| | | 795 |
| Contingencies non-contract. | Furniture | 520 |
| | Equipment. | 1,640 |
| | Honoraria to three members of the Selection Committee at Rs. 100/- each. | 300 |
| | Publication of advertisements. | 100 |
| | Unforeseen expenditure. | 200 |
| | | 2,760 |
| | Total. | 4,039 |

tion statement showing the existing and sanctioned scales of the Ayurvedic and Unani College and Hospital.

| Existing scale. | Amount. Rs. | a. | p. | Sanctioned scale. | Amount. Rs. | a. | p. |
|---|---|---|---|---|---|---|---|
| **1. COLLEGE.** | | | | **I. COLLEGE.** | | | |
| **Ayurvedic Staff.** | | | | 1. Ayurvedic Staff | | | |
| Head - Master (150-10-200) | 183 | 5 | 4 | Head Master (100-10-150) | 137 | 8 | 0 |
| Senior Pandit ... | 35 | 0 | 0 | Gopabandhu Professor of Ayurveda. (100-10-150) | 137 | 8 | 0 |
| Assistant Pandit | 30 | 0 | 0 | 2 Pandits (40-4-60) | 110 | 0 | 0 |
| Compounder ... | 20 | 0 | 0 | | 385 | 0 | 0 or |
| Writer ... | 20 | 0 | 0 | | Rs.4620 per annum | | |
| Peon ... | 11 | 0 | 0 | | | | |
| Peon ... | 10 | 0 | 0 | II. Unani Staff. | | | |
| | 309 | 5 | 4 | 1. Senior Teacher (75-5-100) | 93 | 12 | 0 |
| or 3712 per year | | | | 3 Junior Teachers (30-4-60) | 165 | 0 | 0 |
| | | | | | 258 | 12 | 0 or |
| | | | | | 3106 per annum | | |
| II. Unani Staff. | N i l. | | | | | | |
| | | | | III. General Staff. | | | |
| | | | | 1 Demonstrator (50-2-60) | 37 | 8 | 0 |
| | | | | 2 Peons on Rs.12 and Rs.11 each | 23 | 0 | 0 |
| | | | | 1 Sweeper | 10 | 0 | 0 |
| | | | | | 70 | 8 | 0 |
| | | | | | 846 | or annum | |
| III Contingencies. | 1208 | 0 | 0 | IV Contingencies. | Rs.1670 | 0 | 0 |
| **2. SCHOLARSHIPS.** | | | | **2. SCHOLARSHIPS.** | | | |
| 1st year 5 @ Rs.8/- ... | 40 | 0 | 0 | 1st year 10 @ Rs. 12/- each for 10 months. | 192 | 0 | 0 |
| 2nd year 5 @ Rs10/- ... | 50 | 0 | 0 | 2nd year - do | 192 | 0 | 0 |
| 3rd year 5 Rs 12/- ... | 60 | 0 | 0 | 3rd year - do - .. | 192 | 0 | 0 |
| 4th year 5 - Rs.12/- ... | 60 | 0 | 0 | 4th year - do - | 192 | 0 | 0 |
| | 210 | 0 | 0 | | 768 | 0 | 0 or |
| | or 2520 per year. | | | | 7680 per annum | | |
| T o t a l of I & 2. | Rs.7440 | 0 | 0 | T o t a l I & P. | Rs.17921 | 0 | 0 |
| | per year | | | | per year. | | |

| Existing Scale | Amount. Rs. a. p. | Sanctioned Scale. | Amount. Rs. a. p. |
|---|---|---|---|
| 6.HOSPITAL. | | 3. HOSPITAL. | |
| i.Ayurvedic Staff. | | Allowance to Resident Medical Officer. ... | 25 0 0 or 300 per annum |
| Assistant Pandit ... | 40 0 0 | ~~1st~~ Pandit(60-4-80) ... | 75 0 0 |
| Compounder ... | 26 0 0 | 1 Junior Pandit(40-2-60) | 55 0 0 |
| 3 Peons ... | 30 0 0 | 2 Compounders (20-2-30) | 55 0 0 |
| | 96 0 0. | | 185 0 0 |
| | or 1152 per annum. | | or 2220 per annum |
| ii.Unani Staff. | | ~~1st~~ Hakeem (60-4-80) | 75 0 0 |
| 1 Hakeem | 80 0 0 | 1 Junior Hakeem (40-2-60) | 55 0 0 |
| 1 Assistant Hakeem | 40 0 0 | 2 Compounders (20-2-30) | 55 0 0 |
| 2 Compounders @ 13 each | 26 0 0 | | 185 0 0 |
| | 146 0 0 or | | or Rs 2220 per annum |
| | *1752 per annum | 4 Ward boys at Rs.12 each | 48 0 0 |
| | | 1 Vaccinator at Rs.10/- | 10 0 0 |
| To be verified. cost is now met by the Municipality - | | 1 Cook at Rs.15/- | 15 0 0 |
| | | 3 Nurses at Rs.25/- each | 75 0 0 |
| | | 1 Sweeper at Rs.10/- | 10 0 0 |
| | | 1 Scavenger at Rs.10/- | 10 0 0 |
| | | 1 Clerk (30-1-35) | 33 12 0 |
| | | 3 Peons at Rs.11 each | 33 0 0 |
| | | | 234 12 0 |
| | | | or 2817 per annum |
| ii.MEDICINES. | 60 0 0 or 720 per annum. | iii.MEDICINES, Diet, | |
| | | Bedding & Clothing &c ... | ~~45~~ 60 0 0 |
| | | Contingencies. ... | 370 0 0 |
| | | | 1,469 |
| T o t a l of 3. | Rs.1872 per annum. | T o t a l of 3. | |
| 4.LIBRARY & MUSEUM. | N i l. | 4.LIBRARY & MUSEUM. | |
| | | 1 Librarian & caretaker. | 30 0 0 or 360 per annum |
| | | ii. Books and periodicals | 500 0 0 |
| | | | Rs.860 0 0 per annum |
| 5.HERB GARDEN. | | 5.HERB GARDEN. | |
| 1 Staff Maistry | 15 0 | 1 ~~Staff~~ Maistry | |
| Peons on Rs.10 each | 20 0 | 3 Gardeners @ Rs.10 each & 1 Peon @ Rs.11 | |
| | 35 0 | | |
| | or 420 per annum | | |

Statement (Continued.)

| Existing Scale. | Amount. Rs. a. p. | Sanctioned Scale. | Amount. Rs. a. p |
|---|---|---|---|
| 11. Contingencies. | N i l. | ii. Contingencies. ... | 150 0 0 |
| | | T o t a l ... | 750 0 0 |
| | | 6. Deputation Study Charges. | 2500 0 0 |
| | | 7. Encouragement of specifics and remedies of proved value. ... | Rs.500 0 0 |
| | | Grand total | 35,000-0-0 |